

**IKDT-Number :** tick ID-no. in IKDT lab

**ID-Number:** Indicated manually in IKDT lab

<p><b>1. Patient data:</b></p> <p><b>Name:</b></p> <p><b>First name:</b> <span style="border: 1px dashed black; padding: 2px; display: inline-block; width: 150px; height: 15px;"></span> <b>Stick patient label</b></p> <p><b>Date of birth:</b></p> <p><b>Address:</b> Street name <span style="margin-left: 150px;">ZIP code</span> <span style="margin-left: 50px;">City</span></p> <p><b>Insurance:</b></p> <p><b>ID number of sender:</b> (min 4 characters)</p>	<p><b>2. Submitting Institute :</b></p> <p><b>Consulting physician:</b></p> <p><b>Clinic:</b></p> <p><b>Department:</b></p> <p><b>Telephone:</b></p> <p><b>Fax:</b></p> <p><b>Date:</b></p> <p><b>Signature:</b> _____</p>
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<p><b>2. Material:</b></p> <p><b>Endomyocardial biopsies :</b> <input type="checkbox"/> Amount</p> <p><b>Embedded tissue:</b> <input type="checkbox"/> (below -20°C)</p>	<p><b>Biopsy was taken from</b></p> <p><b>LV</b> <input type="checkbox"/> <b>RV</b> <input type="checkbox"/></p> <p><b>Sera or Plasma</b> (in Milliliter/ml): <input type="checkbox"/> (below -20°C)</p> <p><b>Blood</b> (in Milliliter/ml): <input type="checkbox"/> (in EDTA tubes, preferably +4°C)</p>	<p><b>Amount</b> <input type="checkbox"/></p> <p><b>Fixed Tissue:</b> <input type="checkbox"/> (room temperature)</p> <p><b>Other Material:</b> <input type="checkbox"/></p>	<p><b>Amount</b> <input type="checkbox"/></p> <p><b>RNA later</b> <input type="checkbox"/></p> <p><b>other</b> <input type="checkbox"/></p> <p><b>Please indicate</b> _____</p>	<p>Tick in IKDT lab: Package ok? <input type="checkbox"/> Yes</p>
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**3. Clinically suspected diagnosis :**

<input type="checkbox"/> Acute/active myocarditis (MCA) <input type="checkbox"/> Giant cell myocarditis / cardiac sarcoidosis ( <b>gene profiling requested – Set GP</b> ) <input type="checkbox"/> Inflammatory cardiomyopathy (DCMi) <input type="checkbox"/> Dilated cardiomyopathy (DCM) <input type="checkbox"/> Hypertrophic cardiomyopathy (HCM) <input type="checkbox"/> Arrhythmogenic right ventricular dysplasia ( <b>ARVD immunohistology requested – Set IC2</b> ) <input type="checkbox"/> Peripatum cardiomyopathy <input type="checkbox"/> Toxic cardiomyopathy <input type="checkbox"/> Storage disease ( <b>special stains requested</b> ) <input type="checkbox"/> Other _____ <p style="text-align: center;">Please indicate</p>	<p style="text-align: center;"><b>Emergency!</b> (Intra-operative frozen section) <b>Additional costs</b></p> <p style="text-align: center;"><input type="checkbox"/></p>
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**EF (%)**  Please indicate

**Follow-up biopsy**    yes     no

**Additional Comments :**

**Routine Diagnostics: MCA / Suspected MC / DCMi /DCM**  
(Histology H1, Immunohistology IC1, Cardiotropic Viruses V1) (at least 4 endomyocardial biopsies)

**Set GP: Myocardial Gene Profiling**    DD Acute myocarditis / Sarcoidosis / Giant cell myocarditis

<p><b>Infectious agents:</b></p> <p><input type="checkbox"/> <b>Set V1: Cardiotropic viruses</b> (ADV, Cox, PVB19, HHV6, EBV): (at least 2 endomyocardial biopsies)</p> <p><b>Additional viruses (on request)</b> (at least 2 endomyocardial biopsies)</p> <p>Human Cytomegalovirus (CMV) <input type="checkbox"/>    <input type="checkbox"/> Herpes Simplex (1/2)</p>	<p><b>Additional viruses – performed in external, not CAP accredited labs</b></p> <table style="width: 100%;"> <tr> <td>Influenza virus A und B</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Echovirus</td> </tr> <tr> <td>Varizella-Zoster (VZV)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Measles virus</td> </tr> <tr> <td>Hepatitis B (HBV)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Hepatitis C (HCV)</td> </tr> <tr> <td>Respiratory-syncytial Virus (RSV)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Borrelia</td> </tr> </table>	Influenza virus A und B	<input type="checkbox"/>	<input type="checkbox"/> Echovirus	Varizella-Zoster (VZV)	<input type="checkbox"/>	<input type="checkbox"/> Measles virus	Hepatitis B (HBV)	<input type="checkbox"/>	<input type="checkbox"/> Hepatitis C (HCV)	Respiratory-syncytial Virus (RSV)	<input type="checkbox"/>	<input type="checkbox"/> Borrelia
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**Histology:** (at least 1 endomyocardial biopsy)

**Set H1: Standard stains** (HE / PAS / EvG / Azan)

**Special stains:**

Iron stain	<input type="checkbox"/>	Congored stain (amyloid)	<input type="checkbox"/>
v. Kossa stain (Calcium)	<input type="checkbox"/>	Collagen (Sirius red stain)	<input type="checkbox"/>

**Immunohistology** (at least 1 endomyocardial biopsy) :

**Set IC1 - Heart muscle inflammation** (CD3, CD11a, CD11b, Perforin, HLA class 1, CD54):

**Set IC2 - ARVD Diagnostics** (Plakoglobin, Connexin 43, N-Cadherin):

**Set IC3 - Evaluation of myocardial fibrosis** (Collagen 1 und 3 incl. Sirius-Red staining):

**Set IC4 - Endothelial activation** (CD31, VCAM-1):