

IKDT-Number :

tick ID-no. in IKDT lab

ID-Number:

Indicated manually in IKDT lab

1. Patient data:

Name:

First name:

Stick patient label

Date of birth:

Address: Street name

ZIP code

City

Insurance:

ID number of sender: (min 4 characters)

2. Submitting Institute :

Consulting physician:

Clinic:

Department:

Telephone:

Fax:

Date:

Signature: _____

2. Material:

Amount

Biopsy was taken from

Amount

Amount

Endomyocardial biopsies :

(fixed tissue, room temperature)

☐

Formalin ☐

RNAlater ☐

LV ☐

RV ☐

Blood (in milliliter/ml):

(in EDTA tubes, preferably +4°C)

☐

Sera or Plasma:

(in milliliter/ml, below -20°C)

☐

Other Material:

☐

Please indicate

3. Clinically suspected diagnosis :

- ☐ Acute/active myocarditis (AMC)
☐ Giant cell myocarditis / cardiac sarcoidosis
☐ Inflammatory cardiomyopathy (DCMi)
☐ Dilated cardiomyopathy (DCM)
☐ Hypertrophic cardiomyopathy (HCM)
☐ Arrhythmogenic right ventricular dysplasia
☐ Peripatum cardiomyopathy
☐ Toxic cardiomyopathy
☐ Storage disease
☐ Other

Emergency!
(Intra-operative frozen section)
Additional costs

☐

EF (%)
Please indicate

Follow-up biopsy yes ☐ no ☐

Tick in IKDT lab:

Package ok?

☐ Yes

Additional Comments :

☐ **Routine Diagnostics (set RD): AMC / Suspected MC / DCMi / DCM** (at least 4 endomyocardial biopsies)

Cardiotropic Viruses (ADV, Cox, PVB19, HHV6, EBV) / Immunohistology (CD3, CD11a, CD11b, CD45RO, Perforin, HLA-DR, CD54) /

Histology (stains HE / PAS / Congored / Azan) — In case of amyloid deposits perform amyloid subtyping / In case of AMC or severe inflammation perform Set GP

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

☐ **Storage Diseases (Set SD):** DD Amyloidosis / M. Fabry / Other

Histology (stains Congored / v. Kossa / Toluidinblue / Alcianblue) / Immunohistology (CD77) and Amyloid-Subtyping (in case of positivity (6 antibodies))

☐ **Arrhythmogenic Right Ventricular Dysplasia (Set ARVD):** Immunohistology (Plakoglobin, Connexin 43, N-Cadherin)

☐ **Fibrosis Grading (Set FG):** Immunohistology (Collagen I and III) / Histology (stain Siriusred)

☐ **Additional infectious agents: performed in external, not CAP accredited labs**

Influenza virus A und B ☐ Echovirus ☐ Hepatitis B (HBV) ☐ Hepatitis C (HCV) ☐ Respiratory-syncytial Virus (RSV) ☐
Varizella-Zoster (VZV) ☐ Borrelia ☐ Measles virus ☐ Other ☐

☐ **Transplantation Rejection (Set HTX):** (at least 4 endomyocardial biopsies)

Set RD and additional Rejection Immunohistology (Paraffin) (CD3, CD68, C3D, C4D, CD31, HLA-DR) and additional Viruses (CMV / HSV1/2)

☐ **Genetic Cardiomyopathy:** performed in external, not CAP accredited labs

Please send us required forms for NGS panel analysis.