



**Institut für Pathologie  
Sektion Kinderpathologie**



Centrum für Integrierte Onkologie  
Aachen Bonn Köln Düsseldorf

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53127 Bonn

# Request for Reference Pathology: NPC-2016 Registry

Name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex:  male  female

Date of surgery: \_\_\_\_\_

Localization of specimen: \_\_\_\_\_

Primary tumor  Lymph node  Distant metastasis

Histology (local pathology): \_\_\_\_\_

EBV-serology: \_\_\_\_\_

**Required material for reference pathology:** 1 representative Paraffin-Block

Not required material will be sent back after issue of the reference pathology report

**Please add local histology report**

\_\_\_\_\_  
Institution (stamp)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Contact information of sender: Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_