

# Hirntumor-Referenzzentrum

im Auftrag der Deutschen Gesellschaft  
für Neuropathologie & Neuroanatomie e. V.

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Framed boxes (solid lines only) to be completed by sender

## Stamp of Sender

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

## Study

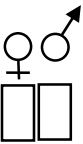
## Senders Reference (Block ID)

## Date of Arrival in Bonn

## Reference number Bonn

**R -** \_\_\_\_\_

## Patient information

Name	First Name		Date of Birth	Age at dx	Family History			
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>			
Biopsy	Stereot.	Recurr.	Autopsy	c.s.f.	MRI Contrast enh.	Duration of Clinical History	Pre-OP Radiation	Pre-OP Chemoth.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
							yes no	yes no

## Localisation

supratentorial	Cerebral hemisph.	Basal ganglia	Ventricle	Skull base
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
infratentorial	Cerebellum	Pons	Medulla obl.	c.pontine angle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal cord	intramedullary	intradural	extradural	Segment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (localization, etc.): _____				

Sender's diagnosis

Diagnosis Reference center

Additional info

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