Hirntumor-Referenzzentrum

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

Study

Stamp of Sender

Tel.:
Fax:

Sender's 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

Biopsy | Stereot. | Recurr. | Autopsy | c.s.f. | MRI Contrast enh. (yes no) | Duration of Clinical History | Pre-OP Radiation (yes no) | Pre-OP Chemoth. (yes no)

Localization

☐ supratentorial	☐ Cerebral hemisph.	☐ Basal ganglia	☐ Ventricle	☐ Skull base
☐ infratentorial	☐ Cerebellum	☐ Pons	☐ Medulla obl.	☐ c.pontine angle
☐ Spinal cord	☐ intramedullary	☐ intradural	☐ extradural	☐ Segment

Other (localization, etc.): _____

Sender's diagnosis

Diagnosis Reference center

Additional info _____