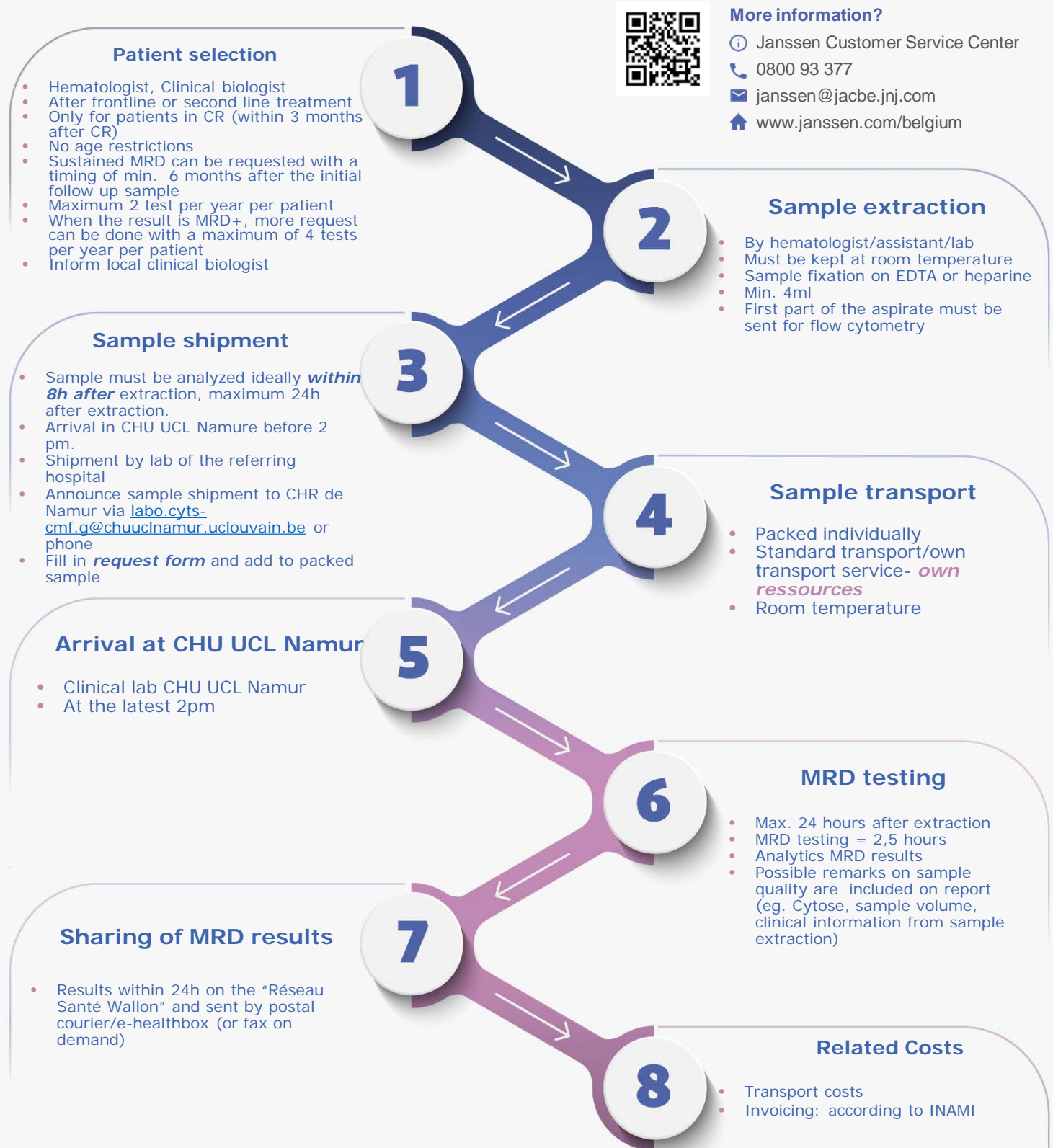


## CHU UCL Namur - Montgodinne

### Next generation flow (NGF)



## NGF MRD – MRD request form

Patient identification (fill in or paste a sticker)

Last name:

First name:

Gender:

Date of birth:

Address :

Social security name:

Social security number:

INSZ/NISS number:

Clinical center:

Responsible clinician (fill in or put a stamp):

Name:

RIZIV number:

Signature :

Date of diagnosis:

Type of MM diagnosis: (IgG, IgK,...) :

### Sample specs.

### Sample details

Date sample taken : ... / ... / 20...

Time sample taken : .....

### Sample time point

1. Follow up : Date of complete response ...../ ..... / 20...

Therapy : .....

2. Follow up (min. 6 months after follow up sample 1)

Therapy : .....

Other: .....

Therapy : .....

Results of analysis to be sent to (Physician, lab, ..) .....