



Case Submission Form

Workshop	
<input type="checkbox"/> AML	<input type="checkbox"/> MDS <input type="checkbox"/> T-cell lymphoproliferations

Workshop Number	
Original Slide number	

Title

Powerpoint submitted <input type="checkbox"/>

Clinical History

BM biopsy fixation/decalcification details

Morphological findings

Immunophenotype

Cytogenetics

Molecular studies

Proposed diagnosis

Interesting feature(s) of submitted case with focus on the role of integrated diagnostics

Title	
Surname	
First Name	
Affiliation	
Country	
Phone number	
Email Address	
Address	

Material (sections/slides) sent on (date) :
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Additional Message (optional)
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Panel Diagnosis