



TRIANGLE: Autologous Transplantation after a Rituximab/Ibrutinib/Ara-c containing iNduction in Generalized mantle cell Lymphoma - a randomized European MCL Network trial
Sponsor: Klinikum der Universität München, Germany
EudraCT-Nr.: 2014-001363-12



Traceability form for biological samples MINIMAL RESIDUAL DISEASE Study (MRD).

Complete & send with collected samples to MRD Laboratory.

Sample collection preferred on Monday – Thursday to ensure delivery at Lab on Friday (working day).

Patient's Identification	Site Identification	Site No.
Patient No.: _____	Principal Investigator's Name: _____	_____
Year of Birth: _____	Site / Hospital Name: _____	_____
Gender: <input type="checkbox"/> Female	Department: _____	_____
<input type="checkbox"/> Male	City / Country : _____ / Germany	_____

	Time points of Sampling	Kind and Volume of Sample	Date of Sampling (dd/mmm/yyyy)
INDUCTION PHASE	Prior treatment: for all patients <u>before</u> any treatment	<input type="checkbox"/> 20 ml EDTA Blood <input type="checkbox"/> 10 ml STRECK tube <input type="checkbox"/> 5 ml EDTA Bone marrow	____/____/____ ____/____/____ ____/____/____
	Midterm evaluation: after 4 cycle of induction (~11 w weeks after start of study treatment)	<input type="checkbox"/> 20 ml EDTA Blood <input type="checkbox"/> 10 ml STRECK tube	____/____/____ ____/____/____
	End of induction evaluation (~ 18 w weeks after start of study treatment)	<input type="checkbox"/> 20 ml EDTA Blood <input type="checkbox"/> 10 ml STRECK tube <input type="checkbox"/> 5 ml EDTA Bone marrow	____/____/____ ____/____/____ ____/____/____
Post ASCT	3-5 w weeks after ASCT (Arm A und Arm A+I) (~22-24 w weeks after start of study treatment)	<input type="checkbox"/> 20 ml EDTA Blood <input type="checkbox"/> 10 ml STRECK tube	____/____/____ ____/____/____
	4-6 w weeks after end of induction (Arm I) (~6 month after start of study treatment)	<input type="checkbox"/> 20 ml EDTA Blood <input type="checkbox"/> 10 ml STRECK tube	____/____/____ ____/____/____
MAINTENANCE PHASE	6 months of maintenance treatment (~12 month after start of study treatment)	<input type="checkbox"/> 20 ml EDTA Blood <input type="checkbox"/> 10 ml STRECK tube	____/____/____ ____/____/____
	12 months of maintenance treatment (~18 month after start of study treatment)	<input type="checkbox"/> 20 ml EDTA Blood <input type="checkbox"/> 10 ml STRECK tube <input type="checkbox"/> 5 ml EDTA Bone marrow (optional)	____/____/____ ____/____/____ ____/____/____
	18 months of maintenance treatment (~ 24 month after start of study treatment)	<input type="checkbox"/> 20 ml EDTA Blood <input type="checkbox"/> 10 ml STRECK tube	____/____/____ ____/____/____
	24 months / End of maintenance treatment (~30 month after start of study treatment)	<input type="checkbox"/> 20 ml EDTA Blood <input type="checkbox"/> 10 ml STRECK tube <input type="checkbox"/> 5 ml EDTA Bone marrow (optional)	____/____/____ ____/____/____ ____/____/____
FOLLOW-UP PHASE	6 months of follow-up (~36 month after start of study treatment)	<input type="checkbox"/> 20 ml EDTA Blood <input type="checkbox"/> 10 ml STRECK tube	____/____/____ ____/____/____
	12 months of follow-up (~42 month after start of study treatment)	<input type="checkbox"/> 20 ml EDTA Blood <input type="checkbox"/> 10 ml STRECK tube <input type="checkbox"/> 5 ml EDTA Bone marrow (optional)	____/____/____ ____/____/____ ____/____/____
	18 months of follow-up (~ 48 month after start of study treatment)	<input type="checkbox"/> 20 ml EDTA Blood <input type="checkbox"/> 10 ml STRECK tube	____/____/____ ____/____/____
	24 months of follow-up (~ 54 month after start of study treatment)	<input type="checkbox"/> 20 ml EDTA Blood <input type="checkbox"/> 10 ml STRECK tube <input type="checkbox"/> 5 ml EDTA Bone marrow (optional)	____/____/____ ____/____/____ ____/____/____
	36 months of follow-up (~ 66 month after start of study treatment)	<input type="checkbox"/> 20 ml EDTA Blood <input type="checkbox"/> 10 ml STRECK tube	____/____/____ ____/____/____

Destination Address of the Biological Sample's Shipment:

Prof. Dr. CHRISTIANE POTT
 Universitätsklinikum Schleswig-Holstein
 Klinik für Innere Medizin II - Hämatologie Labor Kiel / Sektion für hämatologische Spezialdiagnostik
 Langer Segen 8-10 / 24105 Kiel, Germany

Sender's name: _____
 Shipment's date: ____/____/____

To be completed by the Laboratory:		
Date of Tube's reception: ____/____/____	Date of Tube's Manipulation: ____/____/____	Deadline of Reception : ____ hours
<input type="checkbox"/> DNA extraction: ____/____/____	<input type="checkbox"/> Immunophenotyping at Baseline: ____/____/____	<input type="checkbox"/> Freezing cells at Baseline: ____/____/____