IOZK | IMMUN-ONKOLOGISCHES ZENTRUM KÖLN

2 SURGEON TO PERSON OF TRUST

DATA SHEET

To be filled by operating surgeon

Dear colleagues,

your patient has decided to take an adjuvant immunologic therapy based on a specific vaccine with dendritic cells (www.iozk.de). In order to produce the vaccine, a portion of the tumour material you will remove is needed. To this end, the patient relies on your help.
The production of the vaccine is carried out by request of the patient, under the regulations of German pharmaceutical law (AMG) and official control. Only the correct treatment of the tumour material can render it useful for the GMP-regulated manufacturing process.

If you have questions or difficulties, please contact the IOZK logistics department.
Tel: **+49 221 337736 429** E-Mail: **Logistics@iozk-lab.de**

. . . . . .
Patient: Last name, first name

. . . . . .
Patient: Date of Birth: DD.MM.YYYY

. . . . . .
Surgeon: Last name, first name

. . . . . .
Date of operation

. . . . . .
Time of operation

. . . . . .
Name of clinic

. . . . . .
Type of tumour

With my signature, I confirm the accuracy of the above indications.

. . . . . .
Date DD.MM.YYYY, Signature operating surgeon

Please fill out this form and hand it to the **person of trust**

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