

Red Blood Cell Research

Dept. of Clinical Chemistry and Haematology

Patient					
Surname:					
First name:					
Date of birth (dd-mm-yyyy):					
Gender:	male	female			
Country:					
Sample ID:					

University Medical Centre Utrecht
Dept. Of Clinical Chemistry and Haematology
Centrale Balie
Room G03.330
Heidelberglaan 100
3584 CX Utrecht
The Netherlands

Tel.: +31 88 75 58826

Pyruvate kinase deficiency diagnosis

(test costs sponsored by Agios Pharmaceuticals)

Requested by*

Organization	Contact information
Department	Name:
Address	
	Telephone:
	- "
Collection date	E-mail:
UMCU organization code (to be filled in by the receiving lab)	

Material: Blood sample provided with the patient's name and date of birth.

Transport: Samples should be shipped at 4°C (not frozen!) by courier service. Samples can be delivered from Monday

until Thursday. On Thursday samples should be delivered before 12AM.

Form: Please fill out one form per patient.

Enzyme disorders (2x 6 mL EDTA)A

Agios

The analysis consists of pyruvate kinase enzymatic assay or, if applicable, additional biochemical testing and/or DNA sequence analysis of PKLR.

Informatie voor medewerkers van de Centrale Balie, LKCH, UMC Utrecht:

- Schrijf de patiënt in HiX in op de reguliere wijze
- Meld de order aan in GLIMS via het formulier UMC-RodeBloedcel, tab Her.Hem.Anemie
- Vink 'Agios' aan (er worden automatisch bepalingen toegevoegd)
- Rond de aanmelding in GLIMS af en verwerk het materiaal op de reguliere wijze
- Deze order hoeft niet met PAG module ingeschreven te worden

Please also complete the back of this form!

Laboratory for Red Blood Cell Research Dr. Richard van Wijk, Associate professor Tel: +31 88 75 58483

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B15KHB-Agios, version 002, 31-jan-2018

Section Advanced Diagnostics in Haematology Eline Liesting, Head technician Tel: +31 88 75 73530

E-mail: <u>E.Liesting@umcutrecht.nl</u>

^{*}Agios Pharmaceuticals will be informed on contact details of the requesting physician and will receive de-identified patient information.





Dept. of Clinical Chemistry and Haematology

Supplemental information for pyruvate kinase deficiency diagnosis

Patient			
Surname:			
First name:			
Date of birth (dd-mm-yyyy):			
Family history			
Ethnic background			
Consanguinity	No	Yes	
Hematological disorder	No	Yes	
Splenomegaly/splenectomy	No	Yes	
Gallstones/cholecystectomy	No	Yes	
Patient history			
Neonatal jaundice	No	Yes	
Exchange transfusion	No	Yes	
Splenomegaly/splenectomy	No	Yes	
Gallstones/cholecystectomy	No	Yes	
Transfusions	No	Yes	Number
			Date last transfusion
Hemoglobinuria	No	Yes	
Aplastic crises	No	Yes	
Non-hematological symptoms	No	Yes	
Clinical information			
Icterus	No	Yes	
Splenomegaly	No	Yes	
Hepatomegaly	No	Yes	
Non-hematological symptoms	No	Yes	
Representative lab results	(please inc	clude units)	
Hb			Bilirubin (conjugated/unconjugated)
Ht			Haptoglobin
RBC			Lactate dehydrogenase
MCV			Ferritin
MCH			Osmotic fragility (please indicate used test)
MCHC			Hemoglobinopathy
RDW			Direct Coombs test
WBC			CD55/CD59
PLT			
Reticulocytes			
Red blood cell morphology			
Other information			

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Optional Use of Information for Future Contact by Agios

The company paying for PK deficiency testing of your patients, Agios Pharmaceuticals, Inc. ("Agios"), would like to obtain your name, institutional affiliation, phone number and email (your "Contact Information") from UMC Utrecht for the purpose of (i) contacting you regarding upcoming clinical trials of Agios investigational products, and (ii) providing you with general information about PK deficiency (collectively, the "Purpose"). Importantly, you are not required to consent to the sharing of your Contact Information with Agios in order for your patients to receive testing paid for by Agios.

By signing below, you:

Consent to Agios obtaining your Contact Information from UMC Utrecht and processing you Contact Information for the Purpose

Consent to UMC Utrecht transferring your Contact Information to the United States and potentially other third countries for use by Agios for the Purpose

Understand that you have the right to withdraw your consent at any time by contacting Agios at (617) 649-8600, but doing so does not affect the lawfulness of the processing of your Contact Information that took place prior to your withdrawal of consent.

ivame.		
Date:		
Signature:		