

Contact information:

Name of sender / institution:

Address:

Phone:

Fax:



Director: Prof. Dr. L. Zöller, Col MC

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On-call microbiologist: +49 151 126 409 91

Please leave blank. For internal lab purposes only!

Patient / Volunteer information:

Last name:

First name:

Date of birth:

Address:

Sex

- male
- female

Type of treatment

- outpatient
- inpatient

Cost accounting

- sender
- patient
- insurance:

Suspected clinical diagnosis:

continued on back page

Date, signature and stamp of sender:

REQUIRED TO PROCESS REQUEST

Case history

Antimicrobial chemotherapy:

- S/P TBE vaccination
- S/P Yellow fever vaccination
- S/P Jap. encephalitis vacc.
- S/P insect bite:
- Animal contacts:

Immunosuppressed

continued on back page

Risk factors / Travel history:

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Clinical signs and symptoms

Date of onset of illness: _____

- Fever
- Swollen glands, sites(s):
- Cephalgia
- Exanthema, site(s):
- Arthralgia

continued on back page

Sample type

Site(s) (IF APL) _____

Date of collection _____

Time (IF APL) _____

Blood

- serum [se]
- EDTA [edta]
- citrate [cit]
- heparin [hep]
- blood cult., aerobic [bcae]
- blood cult., anaerobic [bcan]

Swabs

- throat swab [tsw]
- nasal swab [nsw]
- conjunctival swab [csw]
- wound swab [wsw]
- other:

Organ biopsy site [org biop]

- skin [skin]
- liver [liv]
- spleen [spl]
- brain [bra]
- lymph node [ln]
- other:

Aspiration site

- abscess [absc]
- respiratory secretion [rs]
- bronchoalveolar lavage [bal]
- bone marrow [bm]
- cerebrospinal fluid [cf]
- vesicular fluid [ves]
- amniotic fluid [af]

Other

- urine [u]
- stool [sto]
- ejaculate [ej]
- crust [cru]
- nucleic acid [na]
- paraffin sections [para]
- culture isolate [cul]
- saliva [sa]
- other:

Please note: Residual material will be stored for repeat testing and for future research purposes in a coded specimen repository. In case of non-consent, please mark this box.

Investigation / type of analysis requested:

Diagnostic profiles

Haemorrhagic fever

Selection of diagnostic profile by the laboratory based on clinical data and suspected diagnosis

Selection by the laboratory

Selection of diagnostic profile by the laboratory based on clinical data and suspected diagnosis

Other (please specify):

Flavivirus infections

Dengue fever

- IgG-/IgM- antibody [se, edta]
- RT-PCR [edta, se]
- Cell culture [edta, se]

Tick-borne encephalitis (TBE)

- IgG-/IgM- antibody [se, edta]
- RT-PCR [edta, se, cf]
- Cell culture [edta, se, cf]

Yellow fever

- IgG-/IgM- antibody [se, edta]
- RT-PCR [edta, se]
- Cell culture [edta, se]

Japanese encephalitis (JE)

- IgG-/IgM- antibody [se, edta]
- RT-PCR [edta, se, cf]
- Cell culture [edta, se, cf]

West Nile fever

- IgG-/IgM- antibody [se, edta]
- RT-PCR [edta, se, cf]
- Cell culture [edta, se, cf]

Zikavirus infection

- IgG-/IgM- antibody [se, edta]
- RT-PCR [edta, u, se, ej, af, sa]
- Cell culture [edta, se, u]

Other viral infections

Equine encephalitis

- IgG-/IgM- antibody [se, edta]
- RT-PCR [edta, se, cf]
- Cell culture [edta, se, cf]

Chikungunya fever

- IgG-/IgM- antibody [se, edta]
- RT-PCR [se, edta]
- Cell culture [se, edta]

Ebola- & Marburg hemorrhagic fever

- RT-PCR [se, edta]

Lassa fever

- RT-PCR [edta, se]

Hantavirus infection

- IgG-/IgM- antibody [se, edta]
- RT-PCR [edta, se, u]

New Influenza variants*

- RT-PCR [nsw, tsw]
- Cell culture [nsw, tsw]

Middle East Respiratory Syndrome

- RT-PCR [nsw, ra, bal]

Crimean-Congo hemorrhagic fever

- IgG-/IgM- antibody [se, edta]
- RT-PCR [edta, se]

Orthopox virus infection

- antibody IgG [se]
- PCR [ves, tsw, cru, edta]
- Cell culture [ves, tsw, cru, edta]

Rift Valley fever

- IgG- antibody [edta, se]
- RT-PCR [edta, se]
- Cell culture [se]

Sandfly fever (SFS, SFN, TOS)

- IgG-/IgM- antibody [se, edta]
- RT-PCR (TOS) [edta, se, cf]

*non-seasonal, incl. Influenza A H7N9

Bacterial infections

Brucellosis (*Brucella spp.*)

- IgG-/IgM- antibody [se, edta, cit, hep]
- Direct pathogen detection: PCR [cul, edta, org biop, ln, bm, absc, cf, sw, para, na]
- Culture & ast [cul, bc, absc, org biop, ln, bm, absc, cf]

Melioidosis (*B. pseudomallei*)

- Direct pathogen detection: PCR [cul, edta, absc, org biop, rs, bal, wsw, na]
- Culture & ast [cul, bc, absc, org biop, ln, bm, absc, cf]

Anthrax (*Bacillus anthracis*)

- antibody IgG [se, edta, cit, hep]
- Direct pathogen detection: PCR [cul, wsw, edta, rs, bal, sto, na]
- Culture & ast [cul, wsw, bc, rs, bal, sto, org biop, absc, cf]

Plague (*Yersinia pestis*)

- Direct pathogen detection: PCR [cul, ln, rs, bal, absc, edta, org biop, na]
- Culture & ast [cul, bc, ln, rs, bal, org biop, absc]

Q fever (*Coxiella burnetii*)

- antibody Phase I und II, IgG / IgA / IgM [se, edta]
- Direct pathogen detection: PCR [cul, rs, bal, edta, se, na]

Rickettsial diseases (Spotted fever, Typhus)

- antibody IgG [se, edta]
- Direct pathogen detection: PCR [skin, edta, na]
- Cell culture [skin, edta, ci]

Glanders (*Burkholderia mallei*)

- Direct pathogen detection: PCR [cul, edta, absc, org biop, rs, bal, wsw, bm, cf, na]
- Culture & ast [cul, bc, absc, org biop, rs, bal, wsw, bm, cf]

Tularemia (*Francisella tularensis*)

- IgG-/IgM- antibody [se, edta, cit, hep]
- Direct pathogen detection: PCR [cul, ln, absc, org biop, edta, rs, bal, csw, na, para]
- Culture & ast [cul, ln, absc, org biop, bc, rs, bal, csw]

Continued from front page:

case history, clinical findings, risk factors (e.g. details of occupation and/or detailed travel history etc.), date and results of previous investigations, current therapy etc.

Contact details**Head of Central Diagnostic Unit**

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Our branches**Special Pathogens Branch „Bacteria and Toxins“**

comprising the Research Groups for Plague, Melioidosis, Glanders, and Toxins, and the National Consultant Laboratories for Plague and Brucellosis

Special Pathogens Branch „Viruses and Intracellular Pathogens“

comprising the Department of Virology and Rickettsiology, the Research Groups for Orthopoxviruses and Coxiellae, and the National Consultant Laboratory for Tick-Borne Encephalitis

Special Branch „Medical Bio-Reconnaissance and Bioforensics“

comprising the Department of Mobile Bio-Reconnaissance and Verification, the Central Diagnostic Unit, and the Research Groups for Molecular Genomics and Diagnostic Products

Further advice for specimen submission:

The invoicing of the services will be according to GOÄ.

When submitting a specimen, care shall be taken that the lab request form and the specimen are clearly assigned to each other and that the sender's and the patient's details are completely given.

The first specimen should always be collected before starting antimicrobial chemotherapy. If that is not the case, the antimicrobial agent used shall be clearly indicated on the lab request form.

In accordance with the investigation requested, a sufficient amount of the specimen shall be provided.

The conditions of transport (e.g. transport medium, temperature, duration) shall be appropriate for the specimens and the investigations requested. In case of any doubt, please contact the laboratory before sending the specimen.

Microbiological specimens such as human blood and tissue should be generally rated as at least potentially infectious and have to be classified and treated accordingly. Transport packaging should meet the requirements of the IATA Dangerous Goods Regulations. Minimal packaging dimensions and mandatory labeling of the sample package have to be observed. Failure to meet legal standards for packaging and shipping may lead to sender's liability in the case of shipping damage or specimen leakage.

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