

Contact information:

Name of sender / institution:

Address:

Phone:

Fax:



Institute Director: Colonel Prof. Roman Wölfel, MD, PhD DTMH

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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:

Phone:

Sex

☐ male☐ female☐ diverse

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:

☐ Immun osuppressed☐ continued on back page

Risk factors / Travel history:

☐ continued on back page

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 [wsu]
☐ other:

Organ biopsy site

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

Aspiration site

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

Other

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

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

- ☐ Hemorrhagic fever ☠️
☐ Selection by the laboratory (see back for notes)

Sequencing (NGS) 🧬

- ☐ Genotyping of bacteria

Culture isolates only: additional information on the pathogen, the method applied and the (research) question required on the back side!

- ☐ Virustyping (see back for notes)

Only in combination with one of the pathogen specific tests listed below!

Flavivirus infections

Dengue fever

- ☐ IgG / IgM antibody [se, edta]
☐ NS1 Antigen [se, edta]
☐ RT-PCR [edta, se],
☐ Cell culture [edta, se]

Tick-borne encephalitis (TBE)

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

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]

COVID-19 (SARS-Coronavirus-2)

- ☐ IgG antibody [se]
☐ RT-PCR [tsu, nsw, tw, rs, bal, sto]
☐ Cell culture [tsu, nsw, tw, rs, bal]

Crimean-Congo hemorrhagic fever

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

Ebola- & Marburg hemorrhagic fever

- ☐ RT-PCR [se, edta] ☠️

Hantavirus infection

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

Lassa fever

- ☐ RT-PCR [edta, se] ☠️

Middle East Respiratory Syndrome (MERS)

- ☐ RT-PCR [nsw, ra, bal]

New Influenza variants (non-seasonal)

- ☐ RT-PCR [nsw, tsw, tw], ☠️
☐ Cell culture [nsw, tsw]

Orthopox virus infection

- ☐ IgG antibody [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]

Borna disease (BD) (BovD-1)

- ☐ IgG antibody [se, edta]
☐ RT-PCR [cf, bra]

Bacterial infections

Brucellosis (*Brucella* spp.)

- ☐ IgG / IgM antibody [se, edta, cit, hep]
☐ PCR [cul, edta, abscc, org biop, in, bm, abscc, cf, sw, para, na],
☐ Culture & ast [cul, bc, abscc, org biop, in, bm, abscc, cf]

Meliodosis (*Burkholderia pseudomallei*)

- ☐ IgG antibody LPS type A [se]
☐ PCR [cul, edta, abscc, org biop, rs, bal, wsw, na],
☐ Culture & ast [cul, bc, abscc, org biop, rs, bal, wsw]

Anthrax (*Bacillus anthracis*)

- ☐ IgG antibody [se, edta, cit, hep]
☐ PCR [cul, wsw, edta, rs, bal, sto, na],
☐ Culture & ast [cul, wsw, bc, rs, bal, sto, org biop, abscc, cf]

Plague (*Yersinia pestis*)

- ☐ PCR [cul, in, rs, bal, abscc, edta, org biop, na],
☐ Culture & ast [cul, bc, in, rs, bal, org biop, abscc]

Q fever (*Coxiella burnetii*)

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

Rickettsial diseases (Spotted fever, Typhus)

- ☐ IgG antibody [se, edta]
☐ PCR [skin, edta, na],
☐ Cell culture [skin, edta, ci]

Glanders (*Burkholderia mallei*)

- ☐ PCR [cul, edta, abscc, org biop, rs, bal, wsw, bm, cf, na],
☐ Culture & ast [cul, bc, abscc, org biop, rs, bal, wsw, bm, cf]

Tularemia (*Francisella tularensis*)

- ☐ IgG / IgM antibody [se, edta, cit, hep]
☐ PCR [cul, in, abscc, org biop, edta, rs, bal, csw, na, para],
☐ Culture & ast [cul, in, abscc, 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 Diagnostics Unit**

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Our Divisions**Division I – Bacteria and Toxins**

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

Division II – 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

Division III – Medical Biological Reconnaissance and Bioforensics

Comprising the Department of Medical Biological Reconnaissance, the Central Diagnostics Unit, and the Specialist Groups for Development of New Diagnostic Assays and Methods and for Microbial Genomics and Bioinformatics

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.

Special note for the request of genome sequencing from patient samples:

Infectious agents such as hepatitis C virus or HIV can be detected as bystander in the course of (untargeted) sequencing from patient material. These are reported to the sender on the written report, although they may not be associated with the clinical clinical syndrome at presentation. The sender agrees to this procedure by requesting sequencing from patient material.

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