



CONTACT INFORMATION

Name of sender / team leader:

Address / submitting unit:

Phone:

Sender's sample ID (IF APL):

CURRENT LAB LOCATION

Please leave blank. For internal lab purposes only!

PATIENT / ANIMAL IDENTIFICATION (IF APL)

Last name: Sex male female unknown

First name:

Date of birth:

ID number (IF APL):

Unit / Address:

LOCATION IDENTIFICATION (ENVIRONMENTAL SAMPLES)

GPS coordinates:

Location ID / marker:

Location description:

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Field observations / weather conditions:

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Case history (IF APL)

- S/P insect bite:
- Animal contacts:
- Antimicrobial chemotherapy:

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Clinical signs and symptoms (IF APL)

DTG* of onset of illness

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

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Detailed sample description (IF APL):

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Specimen/ sample type

Collection DTG*

<p>Blood</p> <ul style="list-style-type: none"> <input type="checkbox"/> serum [se] <input type="checkbox"/> whole-blood [wb] <input type="checkbox"/> EDTA [edta] <input type="checkbox"/> citrate [cit] <input type="checkbox"/> heparin [hep] <p>Aspiration site</p> <ul style="list-style-type: none"> <input type="checkbox"/> abscess [absc] <input type="checkbox"/> lymph node [ln] <input type="checkbox"/> vesicular fluid [ves] <input type="checkbox"/> bone marrow [bm] <input type="checkbox"/> <p><input type="checkbox"/> organ biopsy [biop], site: _____</p>	<p>Swabs</p> <ul style="list-style-type: none"> <input type="checkbox"/> dry swab [sw] <input type="checkbox"/> bact. transport medium [btm] <input type="checkbox"/> viral transport medium [vtm] <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> liquor [cf] <input type="checkbox"/> <input type="checkbox"/> urine [u] <input type="checkbox"/> <input type="checkbox"/> stool [sto] <input type="checkbox"/> <input type="checkbox"/> crust [cru] <input type="checkbox"/> <input type="checkbox"/> cult. Isolate [cul] <input type="checkbox"/> bronchoalveolar lavage [bal] <input type="checkbox"/> respiratory secretion [rs] 	<p>Quality control</p> <ul style="list-style-type: none"> <input type="checkbox"/> background <input type="checkbox"/> field blank <input type="checkbox"/> <input type="checkbox"/> co-located to sample: _____ <input type="checkbox"/> <input type="checkbox"/> duplicate of sample: _____ 	<p>Environment [env]</p> <ul style="list-style-type: none"> <input type="checkbox"/> soil <input type="checkbox"/> vegetation <input type="checkbox"/> precipitation <input type="checkbox"/> surface dust <input type="checkbox"/> sediment <input type="checkbox"/> roof tiles <input type="checkbox"/> gutter dirt <input type="checkbox"/> air <input type="checkbox"/> surface water <input type="checkbox"/> drinking water <input type="checkbox"/> foodstuff <input type="checkbox"/> other (specify): _____
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Results of field expedient assays (IF APL):

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Suspected clinical diagnosis or biological agent:

REQUIRED TO PROCESS REQUEST

Samples are free of any CRN agents or contaminations:

yes not tested no:

Date, signature and printed name of sender:

REQUIRED TO PROCESS REQUEST

Investigation / type of analysis requested:

- Selection of diagnostic / analytic profile by bio lab experts based on reported data and risk evaluation

Bacteria

- Anthrax (*Bacillus anthracis*)
 - antigen ICT [cul, edta, wb, biop, sw, btm, env]
 - capsule staining [cul, sw, btm, env]
 - PCR [cul, edta, ln, biop, absc, cf, bal, sw, btm, env]
 - antigen ELISA [cul, sw, btm, env]
- Brucellosis (*Brucella spp.*)
 - antigen ICT [cul, sw, btm, env]
 - PCR [cul, edta, ln, bm, biop, absc, cf, sw, btm, env]
 - antigen ELISA [cul, sw, btm, env]
- Cholera (*Vibrio cholerae*)
 - antigen ICT [sto, cul, btm, env]
 - PCR [sto, sw, env]
- EHEC (*E. coli*) PCR [sto, cul, btm, env]
- Glanders (*Burkholderia mallei*)
 - PCR [absc, edta, rs, sw, biop, cul, env]
 - antigen ELISA [cul, sw, btm, env]
- Leptospirosis PCR [edta, cul, sw, env]
- Melioidosis (*B. pseudomallei*)
 - PCR [absc, edta, rs, biop, cul, env]
- Plague (*Yersinia pestis*)
 - antigen ICT [cul, sw, btm, env]
 - immuno-staining [cul, biop, sw, btm, env]
 - PCR [cul, edta, ln, biop, absc, bal, cf, sw, btm, env]
 - antigen ELISA [cul, sw, btm, env]
- Q fever (*C. burnetii*) PCR [edta, se, bal, cul, env]

Bacteria (cont.)

- Rickettsial diseases (Spotted fever, Typhus)
 - PCR [biop, edta, env]
- Shigellosis PCR [sto, cul, btm, sw, env]
- Tularemia (*Francisella tularensis*)
 - antigen ICT [cul, sw, btm, env]
 - PCR [cul, edta, ln, bm, biop, absc, cf, sw, btm, env]
 - antigen ELISA [cul, sw, btm, env]

Viruses

- Crimean-Congo hemorrhagic fever
 - IgG-/IgM- antibody [se, edta, cit]
 - RT-PCR [edta, se, env]
- Dengue fever
 - antigen ICT [se, edta, cit]
 - IgG-/ IgM- antibody [se, edta, cit]
 - RT-PCR [edta, se, env]
- Ebola- & Marburg hemorrhagic fever
 - RT-PCR [se, edta, vtm, env]
- Hantavirus infection
 - IgG-/IgM- antibody [se, edta, cit]
 - RT-PCR [edta, se, u, env]
- HIV infection antibody ICT [se, edta]
- Influenza
 - antigen ICT [sw, rs, vtm, env]
 - RT-PCR [sw, rs, vtm, env]
- Lassa fever RT-PCR [edta, se, rs, vtm, u, env]
- Measles RT-PCR [edta, se, rs, vtm, cf, env]

Viruses (cont.)

- Orthopox virus infection
 - antigen ICT [cul, sw, ves, vtm, env]
 - PCR [edta, se, cru, ves, vt, cf, env]
- Rabies RT-PCR [edta, se, sw, rs, vtm, cf, env]
- Tick-borne encephalitis (TBE)
 - IgG-/IgM- antibody [se, edta]
 - RT-PCR [edta, se, cf, env]

Biological toxins

- Abrin
 - antigen ICT [env]
 - PCR [env]
- Botulinum toxin
 - antigen ICT [env]
- Ricin
 - antigen ICT [env]
 - PCR [env]
- SEB
 - antigen ICT [env]

Other requests

- Malaria
 - antigen ICT [edta, cit, hep]
 - PCR [edta, cit, env]
 - smear [edta, cit, hep]



Continued from front page:

case history, clinical findings, risk factors (e.g. details of occupation and/or detailed travel history), current therapy etc.
date and results of previous investigations, sampled area and depth, quantity (volume in liter or mass in grams)

Further directions for specimen/sample submission:

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

An initial patient specimen should always be collected before the beginning of an antimicrobial chemotherapy. If this 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, also for preparation of retain samples or duplicate samples by the field-lab.

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 samples.

Human or animal microbiological specimen as well as all environmental CBRN samples 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 sample leakage.

↓↓ Please leave blank. Space below for internal lab purposes only! ↓↓

Chain of custody documentation

Sample relinquished by:

Print full name

Signature

Sample received by:

Print full name

Date, time, signature

Package received with custody seals intact: yes no n/a

Forms, tags, and chain of custody agree: yes no n/a

Photo documentation of bearer _____

Additional documents delivered by sender: (specify)

Sample photo documentation:

Please leave blank

Lab tech: | Date | Time | Signature Lab Tech

Microbiologist: | Date | Time | Signature Microbiologist

