



## REQUEST FORM BACTERIOLOGY

### CLINICAL SAMPLES

Please notify us of samples by telephone: 058 468 15 99 or 058 468 14 01.  
Samples are received on working days only.

**Patient:**

Surname: .....  
First name: .....  
Date of birth: ..... Sex:  m  f  
Address: .....  
Postal code/place: .....  
.....

**Sampling date / sampling time:****Clinic, case history / special questions:****Reason for investigation:**

First diagnosis  conformational diagnosis

Please select the desired analysis and the relevant material.

**MOLECULAR BIOLOGY**

*Bacillus anthracis*

blood  skin biopsy  CSF  
 pleura  resp. sample  secretion  
 swab (vesicle, eschar, nose, throat)

*Brucella* spp.

abscess material  blood  joint puncture  
 bone marrow  liver biopsy  CSF  
 lymph node  spleen biopsy

*Burkholderia mallei*

abscess material  blood  bone marrow  
 resp. sample  urine  
 swab (wound)

Additional information on material: .....

**Continued on next page**

## MOLECULAR BIOLOGY (continuation)

<input type="checkbox"/> <i>Burkholderia pseudomallei</i>	<input type="checkbox"/> abscess material <input type="checkbox"/> resp. sample <input type="checkbox"/> swab (wound)	<input type="checkbox"/> blood: <input type="checkbox"/> urine	<input type="checkbox"/> bone marrow
<input type="checkbox"/> <i>Coxiella burnetii</i>	<input type="checkbox"/> blood <input type="checkbox"/> liver biopsy	<input type="checkbox"/> CSF <input type="checkbox"/> Endocardium biopsy	<input type="checkbox"/> bone marrow
<input type="checkbox"/> <i>Francisella tularensis</i>	<input type="checkbox"/> blood: <input type="checkbox"/> resp. sample <input type="checkbox"/> swab (conjunctiva, throat)	<input type="checkbox"/> CSF <input type="checkbox"/> ulcer material	<input type="checkbox"/> lymph node <input type="checkbox"/> urine
<input type="checkbox"/> <i>Yersinia pestis</i>	<input type="checkbox"/> bubonic aspirate <input type="checkbox"/> lung biopsy	<input type="checkbox"/> blood <input type="checkbox"/> lymph node	<input type="checkbox"/> CSF <input type="checkbox"/> resp. sample

Additional information on material: .....

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## CULTURE

<input type="checkbox"/> <i>Bacillus anthracis</i>	<input type="checkbox"/> blood culture <input type="checkbox"/> pleura <input type="checkbox"/> swab (vesicles, eschar, nose, throat)	<input type="checkbox"/> skin biopsy <input type="checkbox"/> resp. sample	<input type="checkbox"/> CSF <input type="checkbox"/> secretion
<input type="checkbox"/> <i>Brucella</i> spp.	<input type="checkbox"/> abscess material <input type="checkbox"/> bone marrow <input type="checkbox"/> lymph node	<input type="checkbox"/> blood culture <input type="checkbox"/> liver biopsy <input type="checkbox"/> spleen biopsy	<input type="checkbox"/> joint puncture <input type="checkbox"/> CSF
<input type="checkbox"/> <i>Burkholderia mallei</i>	<input type="checkbox"/> abscess material <input type="checkbox"/> resp. sample <input type="checkbox"/> swab (wound)	<input type="checkbox"/> blood culture <input type="checkbox"/> urine	<input type="checkbox"/> bone marrow
<input type="checkbox"/> <i>Burkholderia pseudomallei</i>	<input type="checkbox"/> abscess material <input type="checkbox"/> resp. sample <input type="checkbox"/> swab (wound)	<input type="checkbox"/> blood culture <input type="checkbox"/> urine	<input type="checkbox"/> bone marrow
<input type="checkbox"/> <i>Francisella tularensis</i>	<input type="checkbox"/> blood culture <input type="checkbox"/> resp. Probe <input type="checkbox"/> swab (conjunctiva, throat)	<input type="checkbox"/> CSF <input type="checkbox"/> ulcer material	<input type="checkbox"/> lymph node <input type="checkbox"/> urine
<input type="checkbox"/> <i>Yersinia pestis</i>	<input type="checkbox"/> bubonic aspirate <input type="checkbox"/> lung biopsy	<input type="checkbox"/> blood culture <input type="checkbox"/> lymph node	<input type="checkbox"/> CSF <input type="checkbox"/> resp. sample

Additional information on material: .....

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