



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:

continued on back page

Field observations / weather conditions:

continued on back page

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):

continued on back page

Specimen/ sample type

Collection DTG\* | | | | | | | | | | | | | | | | | | | | | |

Blood

- serum [se]
- whole-blood [wb]
- EDTA [edta]
- citrate [cit]
- heparin [hep]

Swabs

- dry swab [sw]
- bact. transport medium [btm]
- viral transport medium [vtm]

Other

- liquor [cf]
- urine [u]
- stool [sto]
- crust [cru]
- cult. isolate [cul]
- bronchoalveolar lavage [bal]
- respiratory secretion [rs]

Quality control

- background
- field blank

co-located to sample:

\_\_\_\_\_

duplicate of sample:

\_\_\_\_\_

Environment [env]

- soil
- vegetation
- precipitation
- surface dust
- sediment
- roof tiles
- gutter dirt
- air
- surface water
- drinking water
- foodstuff
- other (specify): \_\_\_\_\_

organ biopsy [biop], site: \_\_\_\_\_

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.

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**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

