

SAMPLE ANALYSIS ORDER



Molecular biological infection diagnostics
for *Tropheryma whipplei*

Return address:

Moter Diagnostics
Charité-Universitätsmedizin Berlin, CBF
Bldg. 5011, R. U901
Hindenburgdamm 30
12203 Berlin
Germany

Sender

Phone: _____

Fax: _____ (for fax report notification)

Service contact:

Phone: +49 (0) 30 8040 595-0
Fax: +49 (0) 30 8040 595-2
service@moter-diagnostics.com

Patient sticker

Patient data

Name, first name: _____

Date of birth: ____/____/____

Gender m w d

Patient is self-payer, address: _____

Sampling Date / time: _____

Analysis for PCR *Tropheryma whipplei*
In addition: pan-bacterial PCR others: _____

Sample specimen cerebrospinal fluid (CSF)
 biopsies: Duodenum Antrum Colon Urine
 others: _____

Indication for the *T. whipplei* PCR analysis

confirmed Morbus Whipple first diagnosis: _____

therapy control treated since: _____

Before treatment the patient samples were positive: in histology in PCR
 negative: in histology in PCR
 unknown

suspected infection: _____

Treatment

antibiotic therapy: _____ since _____

unknown none immunosuppression

Date

Name physician

Signature

