

SAMPLE ANALYSIS ORDER

Molecular biological infection diagnostics for *Tropheryma whipplei*

Return address:

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Institut für Med. Mikrobiologie und Virologie
Konsiliarlabor *Tropheryma whipplei*
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Service contact:

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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