

**Application Form**  
(Human samples)



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**Sender** (Please use block letters or stamp)

**Patient**

Name:

Street:

ZIP / Town:

Phone:

Fax:

**Invoice to**

Sender

Patient

**Sample**

Date of sampling: \_\_\_\_\_

Lab ID: \_\_\_\_\_

Sample designation: \_\_\_\_\_

Anamnesis:

Sample material:

- |   |  |
|---|--|
| <input type="checkbox"/> S serum              | <input type="checkbox"/> L liquor          |
| <input type="checkbox"/> PI plasma            | <input type="checkbox"/> F feces           |
| <input type="checkbox"/> EB EDTA-blood        | <input type="checkbox"/> U urine           |
| <input type="checkbox"/> NT nasal swab        | <input type="checkbox"/> B biopsy          |
| <input type="checkbox"/> RT pharyngeal swab   | <input type="checkbox"/> SP sperm          |
| <input type="checkbox"/> GT genital swab      | <input type="checkbox"/> Org organs        |
| <input type="checkbox"/> KT conjunctival swab | <input type="checkbox"/> Pu puncture fluid |
| <input type="checkbox"/> G scrape             | <input type="checkbox"/> _____             |

Requested test(s): (Please tick)

Sample material suitable for the tests is indicated

Disease / Virus	Test		Material
Borna Disease Virus (BDV)	Serology:	<input type="checkbox"/> IFT	S, L (~ 1ml)
Rabies Virus	Serology:	<input type="checkbox"/> FAVN	S (~ 1ml)
Tick borne encephalitis virus (TBEV)	Serology:	<input type="checkbox"/> SNT	S (~ 1ml)
Electron microscopical fast diagnosis	Virus detection::	<input type="checkbox"/> EM	G, B, F, U

Signature / Stamp: \_\_\_\_\_

IFT – Immunofluorescence test  
EM – Electron microscopy

SNT – Serum neutralization test  
FAVN – Fluorescent antibody virus neutralization

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