

Submission Form

October 17, 2014

Sender-Address/Stamp

Leibniz-Institute for Natural Product Research
and Infection Biology – Hans-Knöll-Institute
- **Department Infection Biology –**
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Contact person *(please in print letters)*

Name: _____

Phone Nr.: _____

Fax Nr: _____

General data

Your Laboratory-Nr.:		Date of collection:			
submitted Sample (please specify volume)	EDTA Blood <input type="checkbox"/>	Serum <input type="checkbox"/>	DNA <input type="checkbox"/>	Other* <input type="checkbox"/>	Heparin ... <input type="checkbox"/>
*other informations (Type of material, infectious material please mark clearly)					
previous diagnosis	<input type="checkbox"/> MPGN I	<input type="checkbox"/> MPGN II	<input type="checkbox"/> MPGN III	<input type="checkbox"/> DDD	<input type="checkbox"/> HUS
	<input type="checkbox"/> DEAP-HUS	<input type="checkbox"/> C3 Glomerulopathy	<input type="checkbox"/> Other		

Patient data

First name:	Last name:
Date of birth:	Sex:

Examinations

<input type="checkbox"/> CFHR Protein analysis	<input type="checkbox"/> C3 Convertase antibody	<input type="checkbox"/> Other
<input type="checkbox"/> Autoantibody Factor H	<input type="checkbox"/> genetic analysis	<input type="checkbox"/>

Internal notes

Date of receipt:	Patient.-Nr.:	Sample-Nr.:
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