

Order form Chlamydia Test

Please fill in the necessary details and send this form by e-mail prior to the shipment of the sample.

The sample is to be send to:

UGent

Faculty of Bio-Engineering - Laboratory for Immunology and Animal Biotechnology

Coupure Links 653, Building B, Level – 1, office 090.029

9000 Gent

Tel: 09/264 38 71 – E-mail: imbitech@UGent.be

Information on the laboratory that sends the request.

Name of laboratory:

.....

Responsible biologist:

.....

Address:

.....

Telephone:

E-mail:

.....

Your reference:

Details on the patient

Name:

.....

Gender: Male / Female

Address:

.....

Nationality:

Identity number:

Information on the doctor that files the request

Name:

.....

Address:

.....

Telephone:

E-mail:

.....

Recipient of result

Doctor / Laboratory / Patient

Other:

.....

.....

Recipient of invoice

Doctor / Laboratory /

Other:

.....

Please consult the pricelist for more information on the rates

Sample information

(Important: must be filled in, otherwise we cannot guarantee correct reception of the sample)

Identification nr:

.....

Type of sample:

.....

Date of sampling:

Type of analysis

Diagnosis (PCR): Included

Diagnosis (Culture): On request

Molecular genotype identification: On request

Transportation

(Important: must be filled in, otherwise we cannot guarantee correct reception of the sample)

Delivery date:

Sample is frozen: Yes / No

Courier service:

.....

X

Signature