



Deutsches Chroniker Labor GmbH  
Ziegeleistr. 3  
06485 Quedlinburg/OT Gemrode  
Germany

Submitted by:

Fax:

I agree to the German Chronic Disease Laboratory (DCL) carrying out the subsequent laboratory tests indicated by marking. The laboratory examination fees are calculated on the basis of the German fee schedule for doctors (GOÄ, Fkt. 1.15). The cost of each test is stated within every analysis. With my signature I confirm that I have been informed about the costs of the laboratory assignment. I acknowledge that the order may not be entitled to reimbursement by health insurances. The payment is due at the time of receiving the test results and invoice handout. I have received a copy of this patient contract. I agree that my data will be forwarded to a clearing house for billing purposes. By signing this document I confirm the order.

Last name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of blood sample: \_\_\_\_\_ DCL laboratory-no. of initial findings: \_\_\_\_\_

Infection Serology of Rickettsia			Test	Fees in €	
<input type="radio"/>	Rickettsia	akari	IgG	IIFT	34,19
<input type="radio"/>	Rickettsia	akari	IgM	IIFT	34,19
<input type="radio"/>	Rickettsia	conorii	IgG	IIFT	34,19
<input type="radio"/>	Rickettsia	conorii	IgM	IIFT	34,19
<input type="radio"/>	Rickettsia	felis	IgG	IIFT	34,19
<input type="radio"/>	Rickettsia	felis	IgM	IIFT	34,19
<input type="radio"/>	Rickettsia	helvetica	IgG	IIFT	34,19
<input type="radio"/>	Rickettsia	helvetica	IgM	IIFT	34,19
<input type="radio"/>	Rickettsia	raoultii	IgG	IIFT	34,19
<input type="radio"/>	Rickettsia	raoultii	IgM	IIFT	34,19
<input type="radio"/>	Rickettsia	rickettsii	IgG	IIFT	34,19
<input type="radio"/>	Rickettsia	rickettsii	IgM	IIFT	34,19
<input type="radio"/>	Rickettsia	sibirica	IgG	IIFT	34,19
<input type="radio"/>	Rickettsia	sibirica	IgM	IIFT	34,19
<input type="radio"/>	Rickettsia	slovaca	IgG	IIFT	34,19
<input type="radio"/>	Rickettsia	slovaca	IgM	IIFT	34,19
<input type="radio"/>	Rickettsia	typhi	IgG	IIFT	
<input type="radio"/>	Rickettsia	typhi	IgM	IIFT	34,19

**Material needed for all IIFT-tests:**

**1 x ca. 8 ml blood (Serum-tube)**

3 ml serum will be needed for the test.

**Test preparation:**

1. Take 1 tube (approx. 8 ml) full of blood
2. Store it at room temperature for 30 min
3. Centrifuge for 15 min at 2000 x g
4. Use pipette to transfer excess blood into a new tube

If a centrifuge is not available, please send in approximately 8 ml of full-blood (1 tube).

Please keep the blood sample refrigerated until it is being send to the laboratory. Do not freeze!

Date/Place: \_\_\_\_\_

Signature: \_\_\_\_\_

## Appendix

Continent	Region	Rickettsia
Worldwide		prowazekii
		typhi*
		felis*
Europe	Mediterranean region	conorii*
	Europe	felis*
	From southern Europe to Scandinavia	helvetica*
	Sicily	massiliae
	Europe	prowazekii
	Europe	raoultii*
	Southern Europe	sibirica
	South and Middle of Europe	slovaca*
Europe	typhi*	
Africa	From the southern tip of the continent to the Mediterranean region	aeschlimanii
	Subsahara	africae
	Africa	akari*
	Africa	felis*
	Nothern Africa	helvetica*
	Africa	prowazekii
	Africa	sibirica*
	Nothern Africa	slovaca*
	Africa	typhi*
America	Caribbean	africae
	USA	akari*
	North and South America	felis*
	Canada, USA	canadensis
	US-Golf coast and parts of Middle and South America	parkeri
	North and South America	prowazekii
	USA	rhipicephali
	USA	rickettsii*
North and South America	typhi*	
Australia	Australia, Tasmania	australis
	Australia	felis*
	Australia, Thailand	honei
	Australia	prowazekii
	Australia	typhi*
Asia	Southern Russia	akari*
	Middle East, India	conorii*
	Asia	felis*
	China	heilongjiangensis
	Japan, Korea	japonica
	Asia	prowazekii
	Asia	sibirica
	Japan and Thailand	tamurae
	Asia	typhi*
* = available serologic diagnostics at DCL		