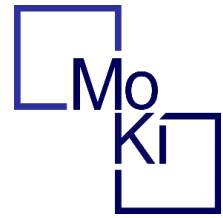


# ANALYSIS ORDER

Fluorescence in situ hybridization (FISHseq)  
Molecular biological detection of microorganisms



## Shipping address

Prof. Dr. A. Moter, Dr. J. Kikhney  
MoKi Analytics  
Mail address:  
Charité-Universitätsmedizin Berlin, CBF  
Hindenburgdamm 30  
Gebäude 5011, R. U901  
12203 Berlin

**+49 (0)30 8040 5950**  
**info@moki-analytics.com**

## Sender

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Analysis

- Microorganisms     Bacteria     Species: \_\_\_\_\_  
 Eukarya     Mykobacteria  
 Candida
- Biofilms     qualitative  
 quantitative

## Sample(s)

Sample No.	Name/ID	Description	Sampling date	FISH	PCR+ Sanger Sequenc.	NGS	Only asservate, contact for work-up
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Comment

\_\_\_\_\_

Date

□□.□□.□□□□

Name Sender

\_\_\_\_\_

Signature

\_\_\_\_\_