

# Invoice

## Case Documentation and Isolate Shipment

Please send invoice to [fungiscope@uk-koeln.de](mailto:fungiscope@uk-koeln.de)



### Sender

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

### Clinical Case (Case Report Form)

Patient ID (requested upon online registration of your case): \_\_\_\_\_

Date of documentation: \_\_\_\_\_

### Clinical Specimen (i.e. Isolate, Histology)

Specimen-ID (in case it differs from the Patient ID): \_\_\_\_\_

Presumed or definite species: \_\_\_\_\_

Type of material: \_\_\_\_\_

Site of origin: \_\_\_\_\_

Date material was obtained: \_\_\_\_\_

Please send isolate to: University Hospital Cologne - Studienzentrum Infektiologie  
z.Hd. Susanna Proske - FungiScope  
Herderstrasse 52-54, 50931 Cologne, Germany

### Details for Payment (100 Euro/Documented Case and 50Eur/Isolate)

Number of cases: \_\_\_\_\_ Total amount: \_\_\_\_\_ Euro

Name of bank: \_\_\_\_\_

Account holder: \_\_\_\_\_

SWIFT-Code: \_\_\_\_\_

IBAN: \_\_\_\_\_

Thank you for your contribution to FungiScope!