

Shipment Form and Invoice  
Clinical Isolate for FungiThek



Thank you for providing us with information about the species prior to shipment. Please send information to [fungiscope@uk-koeln.de](mailto:fungiscope@uk-koeln.de)

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

### Sender

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

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

Tel-Nr: \_\_\_\_\_

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

### Clinical Specimen

Fungiscope-ID: \_\_\_\_\_

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

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

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

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

### Details for Payment (50 Euro/Specimen)

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

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

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

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

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

Thank you for your contribution to Fungiscope!