

Krankenkasse bzw. Kostenträger		
Name, Vorname des Versicherten		
		geb. am
Kassen-Nr.	Versicherten-Nr.	Status
Vertragsarzt-Nr.	VK, gültig bis	Datum



- Praxisstempel -

Infektionsdiagnostik

Patientendaten:	Versichertenstatus:	Hinweise:	Zeitpunkt Blutentnahme:	Service – Praxis:
<input type="checkbox"/> männlich <input type="checkbox"/> SSWoche <input type="checkbox"/> weiblich <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kind (<16 J.) + <input type="checkbox"/> <input type="checkbox"/> schwanger <input type="checkbox"/> Tage	<input type="checkbox"/> EBM <input type="checkbox"/> EBM-Sonderfall <input type="checkbox"/> GOÄ 96 (privat) <input type="checkbox"/> stationär	<input type="checkbox"/> Dialyse <input type="checkbox"/> Diabetes <input type="checkbox"/> Marcumar <input type="checkbox"/> Heparin <input type="checkbox"/> Zytostase <input type="checkbox"/> Nachsorge	<input type="checkbox"/> Blut v. Vortag <input type="checkbox"/> vor 8:00 Uhr <input type="checkbox"/> vor 10:00 Uhr <input type="checkbox"/> vor 12:00 Uhr <input type="checkbox"/> vor 16:00 Uhr <input type="checkbox"/> vor 18:00 Uhr <input type="checkbox"/> nach 18:00 Uhr	<input type="checkbox"/> CITO <input type="checkbox"/> Befund faxen <input type="checkbox"/> Befund telefonieren

<p><u>BAKTERIELLE INFEKTIONEN</u></p> <input type="checkbox"/> B.-pertussis-/parapertussis-AK S <input type="checkbox"/> B.-pertussis-/parapertussis-DNA Atr <input type="checkbox"/> Borrelien-AK S/L <input type="checkbox"/> Borrelien-DNA P/L/Bi/Ze <input type="checkbox"/> Campylobacter-jejuni/coli-AK S <input type="checkbox"/> Chlamydia-AK (Immunoblot) S <input type="checkbox"/> Chlamydia-pneumoniae-AK S <input type="checkbox"/> Chlamydia-pneumoniae-DNA Atr/Sp/B <input type="checkbox"/> Chlamydia-trachomatis-AK S <input type="checkbox"/> Chlamydia-trachomatis-DNA EU/A/Bi <input type="checkbox"/> C.-trachomatis-Typisierung (LGV) EU/A/Bi <input type="checkbox"/> Clostr.-difficile-Ag (Toxin/GLDH) St <input type="checkbox"/> Clostridium-difficile-DNA St <input type="checkbox"/> EHEC-DNA St <input type="checkbox"/> ETEC-DNA St <input type="checkbox"/> Haemophilus-ducreyi-DNA Atr/Bi <input type="checkbox"/> Helicobacter-pylori-AK S <input type="checkbox"/> Helicobacter-pylori-Antigen St <input type="checkbox"/> Legionella-AK S <input type="checkbox"/> Legionella-pneumophila-Antigen U <input type="checkbox"/> Legionella-DNA Sp/B <input type="checkbox"/> Listeria-AK S <input type="checkbox"/> Listeria-monocytogenes-DNA L/St/EV <input type="checkbox"/> Leptospira-AK S <input type="checkbox"/> Leptospira-DNA EV/U <input type="checkbox"/> Multiplex-PCR, respirator. Erreger Atr/Sp/B <input type="checkbox"/> Multiplex-PCR, STI-Erreger Atr/EU <input type="checkbox"/> Mycoplasma-genitalium-DNA Atr/EU <input type="checkbox"/> Mycoplasma-hominis-DNA Atr/EU <input type="checkbox"/> Mycoplasma-pneumoniae-AK S <input type="checkbox"/> Mycoplasma-pneumoniae-DNA Atr/Sp/B <input type="checkbox"/> Mycobacterium-tuberculosis-DNA Sp/MS/U/Bi <input type="checkbox"/> Mycobacterium tuberculosis Quantiferon-Test HB <input type="checkbox"/> TB-Spot (EiiSpot) HB <input type="checkbox"/> Neisseria-gonorrhoeae-DNA Atr/EU <input type="checkbox"/> Neisseria-meningitidis-DNA Atr/L <input type="checkbox"/> Salmonella-AK S <input type="checkbox"/> Staphylolysin-AK S <input type="checkbox"/> Streptokokken-AK S <input type="checkbox"/> anti-Streptolysin S <input type="checkbox"/> anti-DNase S <input type="checkbox"/> Treponema-pallidum-AK S <input type="checkbox"/> Treponema-pallidum-DNA Atr/Bi <input type="checkbox"/> Tropheryma-whipplei-DNA Bi/L/EV <input type="checkbox"/> Ureaplasma-urealyticum-DNA Atr/EU <input type="checkbox"/> Ureaplasma-parvum-DNA Atr/EU <input type="checkbox"/> Yersinia-AK S	<p> <input type="checkbox"/> FSME-Virus-AK S <input type="checkbox"/> FSME-Virus-RNA L/EV/Ze <input type="checkbox"/> Hantavirus-AK S <input type="checkbox"/> Hepatitis-A-Virus-AK S <input type="checkbox"/> Hepatitis-A-Virus-RNA EV/St <input type="checkbox"/> Hepatitis-B-Virus-Serologie S <input type="checkbox"/> HBs-Antigen, Bc-AK, Bs-AK S <input type="checkbox"/> HBs-Antigen (quant.) S <input type="checkbox"/> HBe-Antigen S <input type="checkbox"/> HBe-AK S <input type="checkbox"/> HBc-IgM-AK S <input type="checkbox"/> HBV-Viruslast EV/S <input type="checkbox"/> HBV-Genotyp/Resistenzbest. EV/S <input type="checkbox"/> Hepatitis-C-Virus-AK S <input type="checkbox"/> HCV-Viruslast EV/S <input type="checkbox"/> HCV-Genotyp EV/S <input type="checkbox"/> Hepatitis-D-Virus-RNA EV <input type="checkbox"/> Hepatitis-E-Virus-AK S <input type="checkbox"/> Hepatitis-E-Virus-RNA EV/St <input type="checkbox"/> HIV-Test S <input type="checkbox"/> HIV-1-Viruslast EV <input type="checkbox"/> HIV-1-Resistenzbestimmung Rev.-Transkriptase-/Protease-Inhib. Integrase-Inhibitoren EV <input type="checkbox"/> HIV-1-Tropismus EV <input type="checkbox"/> HHV-6-AK S <input type="checkbox"/> HHV-6-DNA EV/L <input type="checkbox"/> HHV-8-AK S/L <input type="checkbox"/> HHV-8-DNA EV <input type="checkbox"/> HPV-Screening (high risk) Atr/DZ <input type="checkbox"/> HPV-Typisierung (high + low risk) Atr/DZ/Bi <input type="checkbox"/> HSV-AK S/L <input type="checkbox"/> HSV-DNA Atr/L <input type="checkbox"/> Influenzavirus-RNA Atr/Sp/B <input type="checkbox"/> Influenzavirus-AK S <input type="checkbox"/> JCV-DNA (quant.) EV/L/U <input type="checkbox"/> Masernvirus-AK S/L <input type="checkbox"/> Masernvirus-RNA Atr/U <input type="checkbox"/> MRSA-DNA Atr <input type="checkbox"/> Multiplex-PCR, respirat. Erreger Atr/Sp/B <input type="checkbox"/> Mumpsvirus-AK S <input type="checkbox"/> Mumpsvirus-RNA Atr/U <input type="checkbox"/> Norovirus-RNA St <input type="checkbox"/> Parainfluenzavirus-AK S <input type="checkbox"/> Parvovirus-B19-AK S <input type="checkbox"/> Parvovirus-B19-DNA EV <input type="checkbox"/> Rötelnvirus-AK S/L <input type="checkbox"/> Rötelnvirus-RNA Atr/U <input type="checkbox"/> Rotavirus-Antigen St <input type="checkbox"/> Rotavirus-RNA St <input type="checkbox"/> RSV-AK S <input type="checkbox"/> RSV-RNA Atr/Sp/B <input type="checkbox"/> VZV-AK S/L <input type="checkbox"/> VZV-DNA Atr/L </p> <p><u>PARASITEN-/PILZINFEKTIONEN</u></p> <input type="checkbox"/> Aspergillus-AK S <input type="checkbox"/> Candida-Antigen S <input type="checkbox"/> Candida-AK S <input type="checkbox"/> Cryptococcus-Antigen S <input type="checkbox"/> Pneumocystis-jirovecii-DNA BAL/Sp <input type="checkbox"/> Toxoplasma-gondii-AK S <input type="checkbox"/> Toxoplasma-gondii-DNA L/FW/FB	<p><u>IMPFTITER</u></p> <input type="checkbox"/> Diphtherie S <input type="checkbox"/> FSME S <input type="checkbox"/> Haemophilus S <input type="checkbox"/> Hepatitis A S <input type="checkbox"/> Hepatitis B S <input type="checkbox"/> Masern S <input type="checkbox"/> Mumps S <input type="checkbox"/> Pneumokokken S <input type="checkbox"/> Polio S <input type="checkbox"/> Röteln S <input type="checkbox"/> Tetanus S <input type="checkbox"/> Varizellen S <p><u>SONSTIGE UNTERSUCHUNGEN</u></p> <p><u>MATERIAL</u> Atr = Abstrich, trocken B = BAL Bi = Biopsie DZ = Abstrich (Dünnschicht-Zytologie) EU = Erststrahlurin EV = EDTA-Vollblut FB = Fetalblut FW = Fruchtwasser HB = Heparin-Blut L = Liquor MS = Magensaft P = Punktat S = Serum Sp = Sputum St = Stuhl U = Urin Ze = Zecke</p>
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