

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"/> <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 S <input type="checkbox"/> Quantiferon-Test HB <input type="checkbox"/> TB-Spot (Elispot) 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><u>VIRALE INFEKTIONEN</u></p> <input type="checkbox"/> Adenovirus-AK S <input type="checkbox"/> Adenovirus-Antigen St <input type="checkbox"/> Adenovirus-DNA Atr/St/EV/B <input type="checkbox"/> BKV-DNA (quant.) EV/U <input type="checkbox"/> CMV-AK S <input type="checkbox"/> CMV-DNA (quant.) EV/U/L/B/Bi <input type="checkbox"/> CMV-Resistenzbestimmung EV <input type="checkbox"/> EBV-AK S <input type="checkbox"/> EBV-DNA (quant.) EV <input type="checkbox"/> Enterovirus-AK S <input type="checkbox"/> Enterovirus-RNA L/St	<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 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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