

<b>ZUWEISER:</b>	<b>AZ:</b>	<b>VORBEFUNDE:</b>
<b>PATIENT:</b> Familienname:	<div style="font-size: 2em; opacity: 0.5;">X</div>	Bitte Pat.Etikette ← anbringen!
Vorname:		
Geb.-Dat.:		
Geschlecht:      w <input type="radio"/> m <input type="radio"/>		
ambulant      stationär	Klasse:	Kostenträger:
<input type="radio"/>	<input type="radio"/>	
Klinische Diagnose:		

**KLINIKUM STEYR**  
**Institut für Pathologie**  
**Leiter: Prim.Dr. Yarub Salaheddin-Nassr**  
**4400 Steyr, Sierninger Straße 170**  
**Tel.: 0 50 554 66 / 26340**  
**Fax: 0 50 554 66 / 26304**

E-Nummer

**Begleitschein für SEROLOGISCHE UNTERSUCHUNGEN**

**ANTI-KÖRPER**

HIV	<input type="radio"/>
SARS-CoV 2 IgG	<input type="radio"/>
Treponema Screen	<input type="radio"/>
Epstein Barr	<input type="radio"/>
Cytomegalie	<input type="radio"/>
Herpes Simplex 1/2	<input type="radio"/>
Varizella Zoster	<input type="radio"/>
Röteln	<input type="radio"/>
Toxoplasmose	<input type="radio"/>
Borrelien - Serum	<input type="radio"/>
Borrelien - Liquor	<input type="radio"/>
CXCL 13 - Liquor	<input type="radio"/>
Mycoplasmen	<input type="radio"/>
Bordetella pertussis	<input type="radio"/>
Chlamydien	<input type="radio"/>
Pneumoniae	<input type="radio"/>
Trachomatis	<input type="radio"/>

FSME	<input type="radio"/>
Enteroviren/Coxsackie	<input type="radio"/>
Adenovirus	<input type="radio"/>
Influenza A	<input type="radio"/>
Influenza B	<input type="radio"/>
Mumps	<input type="radio"/>
Masern	<input type="radio"/>
Parainfluenza	<input type="radio"/>
Parvo Virus B19	<input type="radio"/>
Legionellen	<input type="radio"/>
Yersinien	<input type="radio"/>
Brucella	<input type="radio"/>
Candida albicans	<input type="radio"/>
Helicobacter	<input type="radio"/>
Bartonella henselae	<input type="radio"/>
Leptospira spp.	<input type="radio"/>
Rickettsien spp.	<input type="radio"/>

**ANTIGEN**

Rota Virus	<input type="radio"/>
Adeno Virus	<input type="radio"/>
Asperg. galaktomannan	<input type="radio"/>

**QUANTIFERON TB GOLD**

Abnahmedatum:	_____
Abnahmezeit:	_____
Impfstatus:	ja <input type="radio"/>
	nein <input type="radio"/>

**Sonstige Untersuchungen**

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**HEPATITIS**

<b>Hepatitis A Virus (HAV)</b>	
anti HAV	<input type="radio"/>
anti HAV-IgM	<input type="radio"/>
<b>Hepatitis B Virus (HBV)</b>	
HBsAg	<input type="radio"/>
anti HBs (quant.)	<input type="radio"/>
anti HBc	<input type="radio"/>
anti HBc-IgM	<input type="radio"/>
HBeAg	<input type="radio"/>
anti HBe	<input type="radio"/>
<b>Hepatitis C Virus (HCV)</b>	
anti HCV	<input type="radio"/>
<b>Hepatitis E Virus (HEV)</b>	
anti HEV	<input type="radio"/>
anti HEV-IgM	<input type="radio"/>
<b>Stichverletzung</b>	
Personal:	<input type="radio"/>
Kontaktperson:	<input type="radio"/>

**UNTERSUCHUNGSBLÖCKE**

Neurotrope Viren	<input type="radio"/>
Pneumonie Viren	<input type="radio"/>
Myocarditis Viren	<input type="radio"/>
LK - Schwellung	<input type="radio"/>
Status febrilis	<input type="radio"/>
Gastroenteritis	<input type="radio"/>
Exanthem	<input type="radio"/>

**EINSTELLUNGSUNTERS.**

Masern IgG	<input type="radio"/>
Mumps IgG	<input type="radio"/>
Röteln IgG	<input type="radio"/>
Varizella Zoster IgG	<input type="radio"/>

**Unterschrift d. Arztes:**

**Datum:**