

# ŽÁDANKA O SÉROLOGICKÉ VYŠETŘENÍ

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| <b>Nemocnice Pardubického kraje, a.s.</b><br><b>Pardubická nemocnice</b><br><b>Oddělení klinické mikrobiologie</b><br>Kyjevská 44, 532 03 Pardubice<br>tel. 466015704<br>Lab. sérologie-tel. 466015709                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          |  <b>NEMOCNICE</b><br>PARDUBICKÉHO KRAJE<br>PARDUBICKÁ NEMOCNICE                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Datum a čas příjmu: |  |
| <b>Příjmení:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Dg.</b>                                               | Laboratorní číslo:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                     |  |
| <b>Jméno:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Dg.vedl.</b>                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                     |  |
| <b>Bydliště:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Poj.</b>                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                     |  |
| <b>IČP:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Odbornost:</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                     |  |
| <b>Odd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Pohlaví:</b>                                          | <b>Materiál:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                     |  |
| <b>Číslo pojištěnce:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> M<br><input type="checkbox"/> F |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                     |  |
| <b>Stanovení protilátek</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          | <b>Hepatitidy</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                     |  |
| <input type="checkbox"/> Anaplasma<br><input type="checkbox"/> Anti-Bordetella pert.toxin IgA<br><input type="checkbox"/> Anti-Bordetella pert.toxin IgG<br><input type="checkbox"/> Bordetella pert.toxin IgG<br><input type="checkbox"/> Bartonella<br><input type="checkbox"/> Borrelióza (ELISA)<br><input type="checkbox"/> Borrelióza (WB)<br><input type="checkbox"/> Brucelóza<br><input type="checkbox"/> Cytomegalovirus<br><input type="checkbox"/> Dengue IgG<br><input type="checkbox"/> Dengue IgM<br><input type="checkbox"/> Helicobacter pylori<br><input type="checkbox"/> Herpes simplex virus (HSV)<br><input type="checkbox"/> Chlamydia pneumoniae + trachomatis<br><input type="checkbox"/> Chlamydie (WB)<br><input type="checkbox"/> Klíšťová encefalitida<br><input type="checkbox"/> LATEX<br><input type="checkbox"/> Legionella<br><input type="checkbox"/> Listeria<br><input type="checkbox"/> Mycoplasma pneumoniae<br><input type="checkbox"/> Parotitis<br><input type="checkbox"/> Parvovirus B19<br><input type="checkbox"/> SARS-CoV 2-S Protein(po očkování i po prodělané infekci)<br><input type="checkbox"/> SARS-CoV 2-N protein (pouze po prodělané infekci)<br><input type="checkbox"/> Spalničky<br><input type="checkbox"/> Syfilis (RPR+TPHA)<br><input type="checkbox"/> Tetanus<br><input type="checkbox"/> Toxocara<br><input type="checkbox"/> Toxoplasmóza<br><input type="checkbox"/> Toxoplasmóza avidita<br><input type="checkbox"/> Tularémie<br><input type="checkbox"/> Virus Epstein-Baarové (EBV)<br><input type="checkbox"/> Varicella (VZV)<br><input type="checkbox"/> Yersinia enterocolitica<br><input type="checkbox"/> Widalova reakce (tyfus, paratyfus)<br><input type="checkbox"/> Zarděnky |                                                          | <input type="checkbox"/> Hepatitida A:   ○ HAV IgG<br>○ HAV IgM<br><input type="checkbox"/> Hepatitida B:   ○ anti HBc total<br>○ anti HBc IgM<br>○ anti HBe<br>○ HBe Ag<br>○ anti HBs<br>○ HBs Ag<br><input type="checkbox"/> Hepatitida C:   ○ anti HCV<br><input type="checkbox"/> Hepatitida E (HEV):   ○ HEV IgG<br>○ HEV IgM<br>○ WB                                                                                                                                                                                                                                                              |  |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          | <b>Stanovení antigenu</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          | <input type="checkbox"/> Campylobacter jejunii – stolice<br><input type="checkbox"/> Clostridium difficile – stolice<br><input type="checkbox"/> Noroviry – stolice<br><input type="checkbox"/> Rotaviry a adenoviry – stolice<br><input type="checkbox"/> Helicobacter pylori – stolice<br><input type="checkbox"/> Galaktomanan (Aspergillus) – sérum, BAL<br><input type="checkbox"/> Beta-D-glukan - sérum<br><input type="checkbox"/> Legionella pneumophila – moč<br><input type="checkbox"/> Streptococcus pneumoniae – moč<br><input type="checkbox"/> N-antigen viru SARS-CoV-2 v krvi – sérum |  |                     |  |
| <b>Datum a čas odběru:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          | <b>Razítko (včetně IČP) a podpis lékaře:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |  |
| <b>Odebral:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                     |  |

# ŽÁDANKA O SÉROLOGICKÉ VYŠETŘENÍ

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| <b>Příjmení:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Dg.</b>                                               | Laboratorní číslo:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                     |  |
| <b>Jméno:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Dg.vedl.</b>                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                     |  |
| <b>Bydliště:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Poj.</b>                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                     |  |
| <b>IČP:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Odbornost:</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                     |  |
| <b>Odd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Pohlaví:</b>                                          | Materiál:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |
| <b>Číslo pojištěnce:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> M<br><input type="checkbox"/> F |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                     |  |
| <b>Stanovení protilátek</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          | <b>Hepatitidy</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                     |  |
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| (Same list as above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          | <input type="checkbox"/> Campylobacter jejunii – stolice<br><input type="checkbox"/> Clostridium difficile – stolice<br><input type="checkbox"/> Noroviry – stolice<br><input type="checkbox"/> Rotaviry a adenoviry – stolice<br><input type="checkbox"/> Helicobacter pylori – stolice<br><input type="checkbox"/> Galaktomanan (Aspergillus) – sérum, BAL<br><input type="checkbox"/> Beta-D-glukan - sérum<br><input type="checkbox"/> Legionella pneumophila – moč<br><input type="checkbox"/> Streptococcus pneumoniae – moč<br><input type="checkbox"/> N-antigen viru SARS-CoV-2 v krvi – sérum |  |                     |  |
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| <b>Datum a čas odběru:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          | <b>Razítko (včetně IČP) a podpis lékaře:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |  |
| <b>Odebral:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                     |  |