

Report to additional recipients (with enclosed consent form)

Date of collection \*

Stamp of the referring physician

\*=Pflichtfeld

Last Name*	First Name *	Insurance Number *	
Address (Street, Postal Code, City)		Date of Birth *	<input type="checkbox"/> female * <input type="checkbox"/> male *
Diagnosis *		Health insurance *	<input type="checkbox"/> Private <input type="checkbox"/> Group Billing

Blood Group Serology		Clinical Chemistry		Medications		Autoimmune Diagnostics	
<input type="checkbox"/> Complete Blood Typing (incl. antibody screening test, RH-D factor)	E+SOT ①	<input type="checkbox"/> Ferritin	S	<input type="checkbox"/> Carbamazepine	S	<input type="checkbox"/> ANCA (c-ANCA(PR-3)&p-ANCA(MPO))	S
<input type="checkbox"/> Antibody Screening Test	SOT	<input type="checkbox"/> Glucose, fasting venous	E	<input type="checkbox"/> Lamotrigin	E	<input type="checkbox"/> Gliadin (deaminiert Auto AK)	S
<input type="checkbox"/> Direct Coombs Test	E+SOT	<input type="checkbox"/> HbA1C	S	<input type="checkbox"/> Phenytoin	E	<input type="checkbox"/> Valproic acid	S
<b>Hematology</b>		<input type="checkbox"/> Oral Glucose Tolerance Test (oGTT)		<input type="checkbox"/> Oxcarbazepine	E	<b>Allergy Diagnostics</b>	
<input type="checkbox"/> Complete Blood Count		<input type="checkbox"/> Oral Lactose Tolerance Test		<input type="checkbox"/> Amiodarone	E	<input type="checkbox"/> Tissue Transglutaminase Auto AB	
<input type="checkbox"/> Reticulocyte Count	E	<input type="checkbox"/> Cholesterol	S	<input type="checkbox"/> Digoxin	S	<input type="checkbox"/> Total IgE AB	
<input type="checkbox"/> Lymphocyte Typing (B-, T-, NK Cells, only Mon-Thu)	E	<input type="checkbox"/> HDL	S	<input type="checkbox"/> Lithium	S	<input type="checkbox"/> Diamine Oxidase (DAO)	
<input type="checkbox"/> Hemoglobin Diagnostics	E ②	<input type="checkbox"/> LDL	S	<input type="checkbox"/> Theophylline	S	<input type="checkbox"/> Allergy Check: Animal Mix, Food Mix, Fungus Spores, House Dust Mite	
<b>Coagulation / Hemostaseology</b>		<input type="checkbox"/> Triglycerides	S	<b>Infection Diagnostics</b>			
<input type="checkbox"/> PTZ	C	<input type="checkbox"/> Lipoprotein (a)	S	<input type="checkbox"/> HIV Antigen/Antibody Combo Test		<input type="checkbox"/> Seasonal Asthma: Birch, Gx1, Wx1, Molds, House Dust Mite	
<input type="checkbox"/> aPTT	C	<input type="checkbox"/> Albumin	S	<input type="checkbox"/> Hepatitis A Total AB quant (Co. vaccination success)		<input type="checkbox"/> Mite Mix: House Dust Mite, Dermatophagoides farinae, Cockroach	
<input type="checkbox"/> D-Dimer	C	<input type="checkbox"/> ASLO	S	<input type="checkbox"/> Hepatitis A IgM AB		<input type="checkbox"/> Animal Mix II: Cat, Dog Dander, Guinea Pig Epithelia, Rat, Mouse	
<input type="checkbox"/> Antithrombin Activity	C	<input type="checkbox"/> Zinc	S	<input type="checkbox"/> Hepatitis B Surface AB		<input type="checkbox"/> Food Mix: Chicken and Milk Protein, Codfish, Wheat, Soybean, Peanut	
<input type="checkbox"/> Faktor VIII	3xC	<b>Hormones</b>		<input type="checkbox"/> Hepatitis B Core AB		<input type="checkbox"/> Complete Urinalysis (urine sediment only if pathological urine strip)	
<input type="checkbox"/> Thrombophilia Diagnostic Group	3xC,S,E	<input type="checkbox"/> ACTH	Ek !!	<input type="checkbox"/> Hepatitis B Core AB		<input type="checkbox"/> Alb. /Krea. - Ratio	
<input type="checkbox"/> Lupus Anticoagulant Group	C,S	<input type="checkbox"/> Cortisol in Serum	S	<input type="checkbox"/> Hepatitis B Surface AB quant (Co. vaccination success)		<input type="checkbox"/> Urine Culture (if necessary, with resistance)	
<input type="checkbox"/> aPC-Resistance	C	<input type="checkbox"/> FSH	S	<input type="checkbox"/> Hepatitis C AB		<input type="checkbox"/> Creatinine Clearance (24-hour Urine)	
<input type="checkbox"/> Protein C	2xC	<input type="checkbox"/> LH	S	<input type="checkbox"/> Anti-SARS-CoV-2 AB		<input type="checkbox"/> alpha Amylase in Urine	
<input type="checkbox"/> Protein S	2xC	<input type="checkbox"/> Progesterone	S	<input type="checkbox"/> Cytomegalovirus AB		<input type="checkbox"/> Albumin in Urine	
<input type="checkbox"/> Anti-Phospholipid AB	S	<input type="checkbox"/> Estradiol	S	<input type="checkbox"/> Epstein-Barr virus AB		<input type="checkbox"/> Rubella IgG AB (Mother-Child-Passport)	
<input type="checkbox"/> Factor V Leiden	Ep €+EV	<input type="checkbox"/> Prolactin	S	<input type="checkbox"/> FSME AB (Co. Vaccination success after yellow fever vaccination)		<input type="checkbox"/> Rubella IgM AB	
<input type="checkbox"/> Prothrombin Gene Mutation G20210A	Ep €+EV	<input type="checkbox"/> Testosterone	S	<input type="checkbox"/> FSME AB (Co. Vaccination success)		<input type="checkbox"/> Measles IgG AB (Co. Vaccination success)	
<b>Clinical Chemistry</b>		<input type="checkbox"/> Androstendione	S	<input type="checkbox"/> Measles IgM AB		<input type="checkbox"/> Mumps IgG AB (Co. Vaccination success)	
<input type="checkbox"/> CRP	S	<input type="checkbox"/> SHBG	S	<input type="checkbox"/> Mumps IgM AB		<input type="checkbox"/> Measles IgM AB	
<input type="checkbox"/> Erythrocyte sedimentation rate	E	<input type="checkbox"/> DHEAS	S	<input type="checkbox"/> Rubella IgG AB (Mother-Child-Passport)		<input type="checkbox"/> Mumps IgM AB	
<input type="checkbox"/> Sodium	S	<input type="checkbox"/> HCG	S	<input type="checkbox"/> Rubella IgM AB		<input type="checkbox"/> HLA-B27	
<input type="checkbox"/> Potassium	S	<input type="checkbox"/> HCG, Tumor marker	S	<input type="checkbox"/> Varicella Zoster IgG AB (Immune status)		<input type="checkbox"/> Lactose Intolerance Genetic Test	
<input type="checkbox"/> Chloride	S	<input type="checkbox"/> HIES(5-Hydroxyindoleacetic acid in 24-h urine, acidified)	Hs	<input type="checkbox"/> Varicella Zoster IgM AB		<input type="checkbox"/> Cold Agglutinins	
<input type="checkbox"/> Calcium	S	<input type="checkbox"/> PTH (parathyroid hormone intact)	Sk	<input type="checkbox"/> TPHA (Treponema pallidum AB)		<input type="checkbox"/> Hydrogen Breath Test f. Fructose	
<input type="checkbox"/> Inorganic phosphate	S	<input type="checkbox"/> TSH	S	<input type="checkbox"/> Borrelia IgM and IgG AB		<input type="checkbox"/> Hydrogen Breath Test f. Lactose	
<input type="checkbox"/> Magnesium	S	<input type="checkbox"/> ft4	S	<input type="checkbox"/> Chlamydia pneumoniae&trachomatis AB		<input type="checkbox"/> Quantitative Cryoglobulins	
<input type="checkbox"/> Thyroglobulin	S	<input type="checkbox"/> ft3	S	<input type="checkbox"/> Diphtheria AB		<input type="checkbox"/> Gastrin	
<input type="checkbox"/> TG-AK	S	<input type="checkbox"/> TG-AK	S	<input type="checkbox"/> Tetanus AB		<input type="checkbox"/> Cold Agglutinins	
<input type="checkbox"/> TPO-AK	S	<input type="checkbox"/> Vitamin B12	S	<input type="checkbox"/> Virusblock Lymph node swelling		<input type="checkbox"/> Cold Agglutinins	
<input type="checkbox"/> TRAK	S	<input type="checkbox"/> VIT D3 (25OH)	S	<input type="checkbox"/> Virusblock Status febrilis		<input type="checkbox"/> Cold Agglutinins	
<input type="checkbox"/> Creatinine including GFR	S	<b>Tumor Markers</b>		<input type="checkbox"/> Virusblock Neurotropic viruses		<input type="checkbox"/> Hydrogen Breath Test f. Fructose	
<input type="checkbox"/> BUN	S	<input type="checkbox"/> Calcitonin	S	<input type="checkbox"/> Bordetella pertussis AB		<input type="checkbox"/> Hydrogen Breath Test f. Lactose	
<input type="checkbox"/> Uric acid	S	<input type="checkbox"/> AFP (Alpha-Fetoprotein)	S	<input type="checkbox"/> Candida albicans AB		<input type="checkbox"/> Hydrogen Breath Test f. Lactose	
<input type="checkbox"/> CK	S	<input type="checkbox"/> CEA (Carcinoembryonic Antigen)	S	<input type="checkbox"/> SARS-CoV-2 RNA-PCR		<input type="checkbox"/> Hydrogen Breath Test f. Lactose	
<input type="checkbox"/> Troponin T	S	<input type="checkbox"/> CA 125	S	<input type="checkbox"/> Toxoplasma IgG AB (Mother-child-Passport)		<input type="checkbox"/> Nasopharyngeal swab	
<input type="checkbox"/> proBNP	S	<input type="checkbox"/> CA 15-3	S	<input type="checkbox"/> Toxoplasma IgM AB		<input type="checkbox"/> Gargle solution	
<input type="checkbox"/> ASAT (GOT)	S	<input type="checkbox"/> CA 19-9	S	<input type="checkbox"/> Rheumatoid Factor		<input type="checkbox"/> Patient's phone number for transmitting results	
<input type="checkbox"/> ALAT (GPT)	S	<input type="checkbox"/> PSA, total	S	<input type="checkbox"/> CCP(Cyclic Citrullinated Peptide)		<input type="checkbox"/> Other analysis	
<input type="checkbox"/> GGT (gamma GT)	S	<input type="checkbox"/> PSA, free	S	<input type="checkbox"/> ANA Screen		<input type="checkbox"/> Other analysis	
<input type="checkbox"/> Lipase	S	<input type="checkbox"/> β2-Mikroglobulin (S-Serum)	S	<input type="checkbox"/> ANA Screen		<input type="checkbox"/> Other analysis	
<input type="checkbox"/> alpha Amylase	S	<input type="checkbox"/> NSE (only Mon-Thu)	Sk	<input type="checkbox"/> ANA Screen		<input type="checkbox"/> Other analysis	
<input type="checkbox"/> LDH (Lactate dehydrogenase)	S	<input type="checkbox"/> CYFRA-21-1	S	<input type="checkbox"/> ANA Screen		<input type="checkbox"/> Other analysis	
<input type="checkbox"/> Haptoglobin	S	<b>Toxicology</b>		<input type="checkbox"/> ANA Screen		<input type="checkbox"/> Other analysis	
<input type="checkbox"/> Serum-Iron	S	<input type="checkbox"/> Urine Drug Screening		<input type="checkbox"/> ANA Screen		<input type="checkbox"/> Other analysis	
<input type="checkbox"/> Transferrin	S	<input type="checkbox"/> CDT	S €	<input type="checkbox"/> ANA Screen		<input type="checkbox"/> Other analysis	
<input type="checkbox"/> Transferrin saturation	S	<input type="checkbox"/> CDT		<input type="checkbox"/> ANA Screen		<input type="checkbox"/> Other analysis	

E=Edta    Ek=with separating gel chilled at 4°C    Ep=own Edta for PCR    S=Serum    Sk=Serum refrigerated    C=Citrate    SOT= Serum without separating gel    Nafl= Sodium fluoride    U= urine collection cup    H=24h Urine    Hs=24h Urine acidified

①= tel. announcement    LAB= sample collection in the laboratory    EV=Informed Consent    ① Only for pregnant patients; surgery    ② only ÖGK    ③ DG: Grav, Tubaria    ④ only MCP    ⑤ ÖGK= max. 3x/Q.; Small cash register = 1x/sample collection    ⑥ Suspicion of infection    €=private

Note: If you have a laboratory card, every result will be automatically available for online result inquiry upon completion.