

Report to additional recipients (with enclosed consent form)

Date of collection \*

Stamp of the referring physician

\*= Mandatory field

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
<b>Blood Group Serology</b>		<b>Clinical Chemistry</b>		<b>Medications</b>	
<input type="checkbox"/> Complete Blood Typing (incl. antibody screening test, RH-D factor) ①	E+SOT	<input type="checkbox"/> Ferritin	S	<input type="checkbox"/> Carbamazepine	S
<input type="checkbox"/> Antibody Screening Test	SOT	<input type="checkbox"/> Glucose, fasting venous	S	<input type="checkbox"/> Lamotrigin	E
<input type="checkbox"/> Direct Coombs Test	E+SOT	<input type="checkbox"/> HbA1C	E	<input type="checkbox"/> Phenytoin	<input type="checkbox"/> Valproic acid S
<b>Hematology</b>		<input type="checkbox"/> Oral Glucose Tolerance Test (oGTT)	3xNaFL	<input type="checkbox"/> Oxcarbazepine	<input type="checkbox"/> Amiodarone E
<input type="checkbox"/> Complete Blood Count	E	<input type="checkbox"/> Oral Lactose Tolerance Test	5xNaFL	<input type="checkbox"/> Digitoxin	<input type="checkbox"/> Digoxin S
<input type="checkbox"/> Reticulocyte Count	E	<input type="checkbox"/> Cholesterol	<input type="checkbox"/> HDL <input type="checkbox"/> LDL S	<input type="checkbox"/> Lithium	<input type="checkbox"/> Theophylline S
<input type="checkbox"/> Lymphocyte Typing (B-, T-, NK Cells, only Mon-Thu)	E	<input type="checkbox"/> Triglycerides	S	<b>Infection Diagnostics</b>	
<input type="checkbox"/> Hemoglobin Diagnostics	E ②	<input type="checkbox"/> Total Protein	<input type="checkbox"/> Albumin S	<input type="checkbox"/> HIV Antigen/Antibody Combo Test	S
<b>Coagulation / Hemostaseology</b>		<input type="checkbox"/> Serum Electrophoresis	S	<input type="checkbox"/> Hepatitis A Total AB quant (Co. vaccination success)	S €
<input type="checkbox"/> PTZ	<input type="checkbox"/> INR C	<input type="checkbox"/> Immunofixation	S	<input type="checkbox"/> Hepatitis A IgM AB	S
<input type="checkbox"/> aPTT	<input type="checkbox"/> FIB C	<input type="checkbox"/> Quantitative Immunoglobulins IgG, IgA, IgM	S	<input type="checkbox"/> Hepatitis B Surface Antigen	<input type="checkbox"/> Hepatitis B Core AB S
<input type="checkbox"/> D-Dimer	C	<input type="checkbox"/> ASLO	S	<input type="checkbox"/> Hepatitis B Surface AB quant (Co. vaccination success)	S €
<input type="checkbox"/> Antithrombin Activity	C	<input type="checkbox"/> Zinc	S	<input type="checkbox"/> Hepatitis C AB	S
<input type="checkbox"/> Faktor VIII	3xC	<b>Hormones</b>		<input type="checkbox"/> Anti-SARS-CoV-2 AB	S €
<input type="checkbox"/> Thrombophilia Diagnostic Group	3xC, S, E	<input type="checkbox"/> Catecholamines in 24-h urine, acidified	Hs	<input type="checkbox"/> Cytomegalovirus AB	S
<input type="checkbox"/> Lupus Anticoagulant Group	C, S	<input type="checkbox"/> ACTH	Ek !!	<input type="checkbox"/> Epstein-Barr virus AB	S
<input type="checkbox"/> aPC-Resistance	C	<input type="checkbox"/> Cortisol in Serum	S	<input type="checkbox"/> FSME AB (Co. Vaccination success after yellow fever vaccination)	S €
<input type="checkbox"/> Protein C	<input type="checkbox"/> Protein S 2xC	<input type="checkbox"/> FSH	<input type="checkbox"/> LH S	<input type="checkbox"/> FSME AB (Co. Vaccination success)	S €
<input type="checkbox"/> Anti-Phospholipid AB	S	<input type="checkbox"/> Estradiol	<input type="checkbox"/> Progesterone S	<input type="checkbox"/> Measles IgG AB (Co. Vaccination success)	S €
<input type="checkbox"/> Factor V Leiden	Ep €+EV	<input type="checkbox"/> Prolactin	S	<input type="checkbox"/> Measles IgM AB	S
<input type="checkbox"/> Prothrombin Gene Mutation G20210A	Ep €+EV	<input type="checkbox"/> Testosterone	<input type="checkbox"/> Testo bioavailable (BAT) S	<input type="checkbox"/> Mumps IgG AB (Co. Vaccination success)	S €
<b>Clinical Chemistry</b>		<input type="checkbox"/> Androstendione	S	<input type="checkbox"/> Mumps IgM AB	S
<input type="checkbox"/> CRP	S	<input type="checkbox"/> SHBG	<input type="checkbox"/> DHEAS S	<input type="checkbox"/> Rubella IgG AB (Mother-Child-Passport)	S ④ €
<input type="checkbox"/> Erythrocyte sedimentation rate	E	<input type="checkbox"/> HCG ③	<input type="checkbox"/> HCG, Tumor marker S	<input type="checkbox"/> Rubella IgM AB	S
<input type="checkbox"/> Sodium	<input type="checkbox"/> Potassium	<input type="checkbox"/> Chloride S	<input type="checkbox"/> HIES (5-Hydroxyindoleacetic acid in 24-h urine, acidified)	<input type="checkbox"/> Varicella Zoster IgG AB (Immune status)	S ④
<input type="checkbox"/> Calcium	<input type="checkbox"/> Inorganic phosphate S	<input type="checkbox"/> PTH (parathyroid hormone intact)	Sk	<input type="checkbox"/> Varicella Zoster IgM AB	S
<input type="checkbox"/> Magnesium	S	<input type="checkbox"/> TSH	<input type="checkbox"/> fT4 <input type="checkbox"/> fT3 S	<input type="checkbox"/> TPHA (Treponema pallidum AB)	S
<input type="checkbox"/> Creatinine including GFR	S	<input type="checkbox"/> Thyroglobulin	S	<input type="checkbox"/> Borrelia IgM and IgG AB	S
<input type="checkbox"/> BUN	<input type="checkbox"/> Uric acid S	<input type="checkbox"/> TG-AK	<input type="checkbox"/> TPO-AK <input type="checkbox"/> TRAK S	<input type="checkbox"/> Chlamydia pneumoniae & trachomatis AB	S
<input type="checkbox"/> CK	<input type="checkbox"/> Troponin T	<input type="checkbox"/> proBNP S	<b>Vitamins</b>		<input type="checkbox"/> Diphtheria AB
<input type="checkbox"/> ASAT (GOT)	<input type="checkbox"/> ALAT (GPT) S	<input type="checkbox"/> Folic Acid	<input type="checkbox"/> Vitamin B12 S	<input type="checkbox"/> Tetanus AB	S €
<input type="checkbox"/> gGT (gamma GT)	S	<input type="checkbox"/> VIT D3 (25OH)	S	<input type="checkbox"/> Virusblock Lymph node swelling	S
<input type="checkbox"/> Alkaline Phosphatase	S	<b>Tumor Markers</b>		<input type="checkbox"/> Virusblock Status febrilis	S
<input type="checkbox"/> Cholinesterase	S	<input type="checkbox"/> Calcitonin	<input type="checkbox"/> AFP (Alpha-Fetoprotein) S	<input type="checkbox"/> Virusblock Neurotropic viruses	S
<input type="checkbox"/> Total Bilirubin	<input type="checkbox"/> Bilirubin direct S	<input type="checkbox"/> CEA (Carcinoembryonic Antigen)	<input type="checkbox"/> CA 125 S	<input type="checkbox"/> Bordetella pertussis AB	S
<input type="checkbox"/> Copper	S	<input type="checkbox"/> CA 15-3	<input type="checkbox"/> CA 19-9 S	<input type="checkbox"/> Candida albicans AB	S
<input type="checkbox"/> Lipase	<input type="checkbox"/> alpha Amylase S	<input type="checkbox"/> PSA, total	<input type="checkbox"/> PSA, free S	<input type="checkbox"/> Toxoplasma IgG AB (Mother-child-Passport)	S ④ €
<input type="checkbox"/> LDH (Lactate dehydrogenase)	S	<input type="checkbox"/> β2-Mikroglobulin (S-Serum)	S	<input type="checkbox"/> Toxoplasma IgM AB	S
<input type="checkbox"/> Haptoglobin	S	<input type="checkbox"/> NSE (only Mon-Thu)	Sk	<b>Autoimmune Diagnostics</b>	
<input type="checkbox"/> Serum-Iron	S	<input type="checkbox"/> CYFRA-21-1	S	<input type="checkbox"/> Rheumatoid Factor	S
<input type="checkbox"/> Transferrin	<input type="checkbox"/> Transferrin saturation S	<b>Toxicology</b>		<input type="checkbox"/> CCP (Cyclic Citrullinated Peptide)	S
<input type="checkbox"/> Urine Drug Screening	U	<input type="checkbox"/> CDT	S €	<input type="checkbox"/> ANA Screen	S
E=Edta	EK= with separating gel chilled at 4°C	Ep=own Edta for PCR	S=Serum	Sk=Serum refrigerated	C=Citrate
!!= 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 Suspicion of infection	€=private			④ only MCP	⑤ ÖGK= max. 3x/Q.; Small cash register = 1x/sample collection

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