

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>		<input type="checkbox"/> Transferrin	<input type="checkbox"/> Transferrin saturation	S	<input type="checkbox"/> Urine Drug Screening
<input type="checkbox"/> Complete Blood Typing (incl. antibody screening test, RH-D factor)		<input type="checkbox"/> Ferritin		S	<input type="checkbox"/> CDT
<input type="checkbox"/> Antibody Screening Test		<input type="checkbox"/> Glucose, fasting venous		S	<b>Medications</b>
<input type="checkbox"/> Direct Coombs Test		<input type="checkbox"/> HbA1C		E	<input type="checkbox"/> Carbamazepine
<b>Hematology</b>		<input type="checkbox"/> Oral Glucose Tolerance Test (oGTT)	<input type="checkbox"/> Oral Lactose Tolerance Test	3xNaFL 5xNaFL	<input type="checkbox"/> Lamotrigin
<input type="checkbox"/> Complete Blood Count		<input type="checkbox"/> Cholesterol	<input type="checkbox"/> HDL	<input type="checkbox"/> LDL	S
<input type="checkbox"/> Reticulocyte Count		<input type="checkbox"/> Triglycerides	<input type="checkbox"/> Lipoprotein (a)		S
<input type="checkbox"/> Lymphocyte Typing (B-, T-, NK Cells, only Mon-Thu)		<input type="checkbox"/> Total Protein	<input type="checkbox"/> Albumin		S
<input type="checkbox"/> Hemoglobin Diagnostics		<input type="checkbox"/> Serum Electrophoresis		S	<input type="checkbox"/> Valproic acid
<b>Coagulation / Hemostaseology</b>		<input type="checkbox"/> Immune-fixation		S	<input type="checkbox"/> Amiodarone
<input type="checkbox"/> PTZ	<input type="checkbox"/> INR	<input type="checkbox"/> Quant. Immunoglobulins IgG, IgA, IgM		S	<input type="checkbox"/> Digoxin
<input type="checkbox"/> aPTT	<input type="checkbox"/> FIB	<input type="checkbox"/> ASLO		S	<input type="checkbox"/> Lithium
<input type="checkbox"/> D-Dimer		<input type="checkbox"/> Zinc		S	<input type="checkbox"/> Theophylline
<input type="checkbox"/> Antithrombin Activity				S	<b>Infection Diagnostics</b>
<input type="checkbox"/> Faktor VIII	3xC	<input type="checkbox"/> Catecholamines in 24-h urine, acidified		Hs	<input type="checkbox"/> HIV Antigen/Antibody Combo Test
<input type="checkbox"/> Thrombophilia Diagnostic Group	E-S- 3xC	<input type="checkbox"/> ACTH		EK !!	<input type="checkbox"/> Hepatitis A Total AB quant (Co. vaccination success)
<input type="checkbox"/> Lupus Anticoagulant Group	S+C	<input type="checkbox"/> Cortisol in Serum		S	<input type="checkbox"/> Hepatitis A IgM AB
<input type="checkbox"/> aPC-Resistance	C	<input type="checkbox"/> FSH	<input type="checkbox"/> LH	S	<input type="checkbox"/> Hepatitis B Surface Antigen
<input type="checkbox"/> Protein C	<input type="checkbox"/> Protein S	2xC	<input type="checkbox"/> Estradiol	<input type="checkbox"/> Progesterone	S
<input type="checkbox"/> Anti-Phospholipid AB	S	<input type="checkbox"/> Prolactin		S	<input type="checkbox"/> Hepatitis B Surface AB quant (Co. vaccination success)
<input type="checkbox"/> Factor V Leiden	Ep €-EV	<input type="checkbox"/> Testosterone	<input type="checkbox"/> Testosterone bioavailable (BAT)	S	<input type="checkbox"/> Hepatitis C AB
<input type="checkbox"/> Prothrombin Gene Mutation G20210A	Ep €-EV	<input type="checkbox"/> Androstendione		S	<input type="checkbox"/> Anti-SARS-CoV-2 AB
<b>Clinical Chemistry</b>		<input type="checkbox"/> SHBG	<input type="checkbox"/> DHEAS	S	<input type="checkbox"/> Cytomegalovirus AB
<input type="checkbox"/> CRP	S	<input type="checkbox"/> HCG	<input type="checkbox"/> HCG, Tumor marker	S	<input type="checkbox"/> Epstein-Barr virus AB
<input type="checkbox"/> Erythrocyte sedimentation rate	E	<input type="checkbox"/> HIES (5-Hydroxyindoleacetic acid/24-h urine, acidified)		Hs	<input type="checkbox"/> FSME AB (Co. Vaccination success after yellow fever vaccination)
<input type="checkbox"/> Sodium	<input type="checkbox"/> Potassium	<input type="checkbox"/> Chloride	S	<input type="checkbox"/> PTH (parathyroid hormone intact)	Sk
<input type="checkbox"/> Calcium	<input type="checkbox"/> Inorganic phosphate	S	<input type="checkbox"/> TSH	<input type="checkbox"/> fT4	<input type="checkbox"/> fT3
<input type="checkbox"/> Magnesium	S	<input type="checkbox"/> Thyreoglobulin		S	<input type="checkbox"/> Measles IgG AB (Co. Vaccination success)
<input type="checkbox"/> Creatinine including GFR	S	<input type="checkbox"/> TG-AK	<input type="checkbox"/> TPO-AK	<input type="checkbox"/> TRAK	S
<input type="checkbox"/> BUN	<input type="checkbox"/> Uric acid	S	<b>Vitamins</b>		<input type="checkbox"/> Measles IgM AB
<input type="checkbox"/> CK	<input type="checkbox"/> Troponin T	<input type="checkbox"/> proBNP	S	<input type="checkbox"/> Folic Acid	<input type="checkbox"/> Vitamin B12
<input type="checkbox"/> ASAT (GOT)	<input type="checkbox"/> ALAT (GPT)	S	<input type="checkbox"/> VIT D3 (25OH)	<input type="checkbox"/> Private	S
<input type="checkbox"/> gGT (gamma GT)	S	<b>Tumor Markers</b>		<input type="checkbox"/> Rubella IgG AB (Mother-Child-Passport)	S € ①
<input type="checkbox"/> Alkaline Phosphatase	S	<input type="checkbox"/> Calcitonin	<input type="checkbox"/> AFP (Alpha-Fetoprotein)	S	<input type="checkbox"/> Rubella IgM AB
<input type="checkbox"/> Cholinesterase	S	<input type="checkbox"/> CEA (Carcinoembryonic Antigen)	<input type="checkbox"/> CA 125	S	<input type="checkbox"/> Varicella Zoster IgG AB (Immune status)
<input type="checkbox"/> Total Bilirubin	<input type="checkbox"/> Bilirubin direct	S	<input type="checkbox"/> CA 15-3	<input type="checkbox"/> CA19-9	S
<input type="checkbox"/> Bile acid	S €	<input type="checkbox"/> PSA, total	<input type="checkbox"/> PSA, free	S	<input type="checkbox"/> Varicella Zoster IgM AB
<input type="checkbox"/> Copper	S	<input type="checkbox"/> β2-Mikroglobulin (S-Serum)		S	<input type="checkbox"/> Chlamydia pneumoniae & trachomatis AB
<input type="checkbox"/> Lipase	<input type="checkbox"/> alpha Amylase	S	<input type="checkbox"/> NSE (only Mon-Thu)	Sk	<input type="checkbox"/> Diphtherie AB
<input type="checkbox"/> LDH (Lactate dehydrogenase)	S	<input type="checkbox"/> CYFRA-21-1		S	<input type="checkbox"/> Tetanus AB
<input type="checkbox"/> Haptoglobin	S	<input type="checkbox"/> PLAP		S	<input type="checkbox"/> Virusblock Lymph node swelling
<input type="checkbox"/> Serum-Iron	S	<b>Toxicology</b>		<input type="checkbox"/> ANCA c-ANCA (PR-3) & p-ANCA (MPO)	S
<b>Other analysis:</b>		<input type="checkbox"/>			

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