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BioCheck
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und Umwelthygiene GmbH
Mölkauer Straße 88
D-04288 Leipzig

Labor-Nr.:

Wir bitten Sie, folgende Daten unbedingt auszufüllen!

Einsender (Stempel)

Kunden-Nr.: _____

Name, Vorname: _____

Anschrift: _____

Datum, Unterschrift: _____

Ich stimme zu, dass meine Daten zur Bearbeitung meiner Anfrage/Auftrags, gemäß der unter der Rubrik Datenschutz gespeicherten Datenschutzerklärung der Firma Biocheck, deren Inhalt mir bekannt ist, verarbeitet und gespeichert werden.

Tierhalter

Kunden-Nr.: _____

Name, Vorname: _____

Anschrift: _____

Datum, Unterschrift: _____

(Bitte unterschreiben, wenn Tierhalter oder Einsender Rechnungsempfänger ist.)

Ich stimme zu, dass meine Daten zur Bearbeitung meiner Anfrage/Auftrags, gemäß der unter der Rubrik Datenschutz gespeicherten Datenschutzerklärung der Firma Biocheck, deren Inhalt mir bekannt ist, verarbeitet und gespeichert werden.

Rechnung:

- | | | | |
|-----------------------------------------------|-------------------------------------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Einsender | <input type="checkbox"/> Tierarzt | <input type="checkbox"/> Tierhalter | <input type="checkbox"/> Dritte |
| <input type="checkbox"/> Einzelrechnung | <input type="checkbox"/> Sammelrechnung (4 Wochen nach Absprache) | | |
| <input type="checkbox"/> St.-ID-Nr. (Ausland) | <input type="text"/> | <input type="text"/> | |

Befund:

- | | | | |
|------------------------------------|-----------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Einsender | <input type="checkbox"/> Tierarzt | <input type="checkbox"/> Tierhalter | <input type="checkbox"/> Dritte |
| <input type="checkbox"/> Post | <input type="checkbox"/> Fax | <input type="checkbox"/> E-Mail | |

Spezies:

- | | | | |
|-------------------------------|--------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Hund | <input type="checkbox"/> Katze | <input type="checkbox"/> Vogel | <input type="text"/> Sonstige |
|-------------------------------|--------------------------------|--------------------------------|-------------------------------|

Material/Proben:

- | | | | |
|--------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Serum | <input type="checkbox"/> Vollblut | <input type="checkbox"/> EDTA | <input type="text"/> Abstrich von |
| <input type="checkbox"/> NaF | <input type="checkbox"/> Punktat | <input type="checkbox"/> Heparin | |
| <input type="checkbox"/> Kot | <input type="checkbox"/> Urin | <input type="checkbox"/> Milch | <input type="text"/> Sonstiges |

Entnahmedatum:

Patient: Rasse/Name: Alter: Geschlecht: m w

Vorbericht:

Behandlung mit

(z. B. Impfungen, Antibiotika ...)

Bitte senden Sie uns:

- | | | |
|----------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Behälter für Objektträger | <input type="checkbox"/> Schutzröhrchen | <input type="checkbox"/> Tupfer mit Transportmedium |
| <input type="checkbox"/> EDTA-Röhrchen | <input type="checkbox"/> Serumröhrchen | <input type="checkbox"/> Leistungsverzeichnis |
| <input type="checkbox"/> Heparinröhrchen | <input type="checkbox"/> sterile Röhrchen (Urin, Milch) | <input type="checkbox"/> Untersuchungsaufträge |
| <input type="checkbox"/> Kotröhrchen | <input type="checkbox"/> unsterile Röhrchen (Urin, Milch) | <input type="checkbox"/> Versandtüten |
| <input type="checkbox"/> NaF-Röhrchen | <input type="checkbox"/> Tupfer (steril) | <input type="text"/> Sonstiges |

Weiterhin interessieren uns Laborinformationen zu folgenden Themen:

- | | | |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Informationen zur Probenentnahme | <input type="checkbox"/> Diagnostik für geflügelerzeugende und -verarbeitende Einrichtungen | <input type="checkbox"/> C-reaktives Protein (CRP) |
| <input type="checkbox"/> Futtermittel | <input type="checkbox"/> Influenza A | <input type="checkbox"/> Neopterin |
| <input type="checkbox"/> Mykotoxine/ Citrinin | <input type="checkbox"/> Polymerase-Kettenreaktion (PCR) | <input type="checkbox"/> Histamin / Serotonin |
| <input type="checkbox"/> Pasteurella multocida Toxin | <input type="checkbox"/> Pathohistolog. Untersuchungen | <input type="checkbox"/> Endotoxine |
| <input type="checkbox"/> Salmonellen | <input type="checkbox"/> Herstellung von stallspezifischen Impfstoffen | <input type="checkbox"/> Überprüfung des hygienischen Status' von medizinischen Einrichtungen |
| <input type="checkbox"/> Clostridium perfringens beim Geflügel | <input type="checkbox"/> Haptoglobin | |
| <input type="checkbox"/> Clostridium perfringens | | |

Bemerkungen/

Hinweise:

Bitte kreuzen Sie die gewünschten Untersuchungen an.

1. Infektionsparameter

Hund Serologie (AK) <input type="checkbox"/> Adenovirus (HCC) <input type="checkbox"/> B. bronchiseptica <input type="checkbox"/> Borrelien <input type="checkbox"/> Brucella canis <input type="checkbox"/> Chlamydien <input type="checkbox"/> Coronavirus (Gastroenteritis) <input type="checkbox"/> Echinokokken <input type="checkbox"/> Ehrlichia canis <input type="checkbox"/> Herpesvirus (Welpensterben) <input type="checkbox"/> Leishmanien <input type="checkbox"/> Leptospiren <input type="checkbox"/> Morbillivirus (Staupe) <input type="checkbox"/> Parainfluenza (Zwingerhusten) <input type="checkbox"/> Parvovirus <input type="checkbox"/> Sarkoptes <input type="checkbox"/> Tollwut <input type="checkbox"/> Toxoplasma gondii <input type="checkbox"/> Yersinia spp.		Parasitologie (AG) <input type="checkbox"/> allgemeine Parasitologie <input type="checkbox"/> Babesien <input type="checkbox"/> Dirofilaria <input type="checkbox"/> Giardia <input type="checkbox"/> Kryptosporidien Sonstiges <input type="checkbox"/> Allergie (IgE) <input type="checkbox"/> Relaxin Katze Serologie (AK) <input type="checkbox"/> Bordetellen <input type="checkbox"/> Calicivirus <input type="checkbox"/> Chlamydien <input type="checkbox"/> Echinokokken <input type="checkbox"/> FeLV <input type="checkbox"/> FHV (Rhinothracheitis) <input type="checkbox"/> FIP <input type="checkbox"/> FIV <input type="checkbox"/> Parvovirus (Panleukopenie) <input type="checkbox"/> Toxoplasma gondii Virologie (AG) <input type="checkbox"/> FeLV <input type="checkbox"/> FIV <input type="checkbox"/> Parvovirus <input type="checkbox"/> Rotavirus <input type="checkbox"/> Agglutination <input type="checkbox"/> PCR <input type="checkbox"/> Staupe		Parasitologie (AG) <input type="checkbox"/> allgemeine Parasitologie <input type="checkbox"/> Dirofilaria <input type="checkbox"/> Giardia lamblia <input type="checkbox"/> Kryptosporidien <input type="checkbox"/> Toxoplasmose Sonstiges <input type="checkbox"/> Blutgruppenbestimmung Vögel Serologie (AK) <input type="checkbox"/> Adenovirus (CELO) <input type="checkbox"/> Adenovirus (Egg-drop-Syndrom) <input type="checkbox"/> Anämievirus <input type="checkbox"/> Av. Enzephalomyelitis (AEV) <input type="checkbox"/> Av. Pneumovirus (TRT/APV) <input type="checkbox"/> Avian leucosis virus <input type="checkbox"/> Avian Reovirus <input type="checkbox"/> Birmavirus (Gumboro) <input type="checkbox"/> Chlamydien <input type="checkbox"/> Hämorrhagische Enteritis (HEV) <input type="checkbox"/> Influenza A* <input type="checkbox"/> Inf. Bronchitis (IBV) <input type="checkbox"/> Inf. Laryngotracheitis (ILT) <input type="checkbox"/> Marek's disease virus <input type="checkbox"/> Paramyxovirus (Newcastle disease)*		<input type="checkbox"/> Pocken/Diphtherievirus <input type="checkbox"/> Reticuloendotheliose (REV) <input type="checkbox"/> Salmonella Enteritidis <input type="checkbox"/> Salmonella Pullorum <input type="checkbox"/> Salmonella Typhimurium Virologie (AG) <input type="checkbox"/> Adenovirus <input type="checkbox"/> Av. Anämie (CAV) <input type="checkbox"/> Av. Enzephalomyelitis (AEV) <input type="checkbox"/> Av. Polyomaviren <input type="checkbox"/> Av. Rhinothracheitis (TRT) <input type="checkbox"/> Goose hemorrhagic polyomavirus (GHPV) <input type="checkbox"/> Inf. Bronchitis (IB) <input type="checkbox"/> Inf. Bursitis (IBDV) <input type="checkbox"/> Inf. Laryngotracheitis (ILT) <input type="checkbox"/> Influenza <input type="checkbox"/> Influenza A (PCR) <input type="checkbox"/> Leukosevirus <input type="checkbox"/> Newcastle disease (Paramyxovirus) <input type="checkbox"/> PICV (PCR) <input type="checkbox"/> Reoviren (PCR) <input type="checkbox"/> Taupenherpesvirus (PiHV)	
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2. Entzündungs- und Belastungsparameter <input type="checkbox"/> C-reaktives Protein <input type="checkbox"/> Endotoxin	<input type="checkbox"/> Haptoglobin <input type="checkbox"/> Histamin	<input type="checkbox"/> Neopterin <input type="checkbox"/> Serotonin
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3. Bakteriologie <input type="checkbox"/> Antibiogramm <input type="checkbox"/> Bordetella bronchiseptica (PCR) <input type="checkbox"/> BU	<input type="checkbox"/> Chlamydien <input type="checkbox"/> IFT <input type="checkbox"/> PCR <input type="checkbox"/> Helicobacter pylori <input type="checkbox"/> Leptospiren (PCR)	<input type="checkbox"/> Pasteurella multocida <input type="checkbox"/> PCR <input type="checkbox"/> ELISA <input type="checkbox"/> Salmonellen (PCR) <input type="checkbox"/> Vakzine
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4. Mykologie / Mykotoxine <input type="checkbox"/> Pilze, Hefen <input type="checkbox"/> Aflatoxin <input type="checkbox"/> Citrinin (Futter)	<input type="checkbox"/> DON <input type="checkbox"/> Fumonisin (Futter)	<input type="checkbox"/> Ochratoxin A <input type="checkbox"/> T2-Toxin <input type="checkbox"/> Zearalenon
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5. Hämatologie <input type="checkbox"/> Retikulozyten	<input type="checkbox"/> Eosinophile	<input type="checkbox"/> großes Blutbild <input type="checkbox"/> kleines Blutbild <input type="checkbox"/> Differentialblutbild
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6. Klinische Chemie Elektrolyte in Serumröhrchen <input type="checkbox"/> Calcium <input type="checkbox"/> Chlorid <input type="checkbox"/> Kalium <input type="checkbox"/> Magnesium <input type="checkbox"/> Natrium <input type="checkbox"/> Phosphat Spurenelemente in Serumröhrchen <input type="checkbox"/> Eisen <input type="checkbox"/> Kupfer <input type="checkbox"/> Mangan <input type="checkbox"/> Selen <input type="checkbox"/> Zink	Enzyme in Serumröhrchen <input type="checkbox"/> AP <input type="checkbox"/> Creatinkinase <input type="checkbox"/> Gamma GT <input type="checkbox"/> GOT / ASAT <input type="checkbox"/> GPT / ALAT <input type="checkbox"/> GLDH <input type="checkbox"/> LDH <input type="checkbox"/> Lipase	Substrate in Serumröhrchen <input type="checkbox"/> Albumin <input type="checkbox"/> Bilirubin <input type="checkbox"/> Cholesterin <input type="checkbox"/> Gesamteiweiß <input type="checkbox"/> Glukose in NaF-Röhrchen <input type="checkbox"/> Harnstoff <input type="checkbox"/> Kreatinin <input type="checkbox"/> Laktat in NaF-Röhrchen <input type="checkbox"/> Triglyceride
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10. Sonstige Untersuchungen <input type="checkbox"/> Allergien <input type="checkbox"/> Histologische Untersuchung <input type="checkbox"/> Pathologische Untersuchung	<input type="checkbox"/> Relaxin <input type="checkbox"/> Stammasservierung <input type="checkbox"/> Vakzine	<input type="checkbox"/> T4
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12. Klinische Suchprogramme	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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12.7. Allgemeinuntersuchung <input type="checkbox"/> großes Blutbild <input type="checkbox"/> ASAT, ALAT, AP, GLDH, Lipase <input type="checkbox"/> Glukose, Harnstoff, Gesamteiweiß, Bilirubin, Kreatinin	12.8. Hautkrankheiten <input type="checkbox"/> BU <input type="checkbox"/> Pilze <input type="checkbox"/> Sarkoptes <input type="checkbox"/> großes Blutbild <input type="checkbox"/> Ca, Fe, Zn <input type="checkbox"/> CRP <input type="checkbox"/> Cholesterin, Triglyceride	12.9. Bewegungsapparat <input type="checkbox"/> Ca, P, AP, CK, ASAT <input type="checkbox"/> BU <input type="checkbox"/> Chlamydien	12.10. Hamorgane Urin <input type="checkbox"/> BU <input type="checkbox"/> Pilze <input type="checkbox"/> pH-Wert <input type="checkbox"/> Gesamteiweiß, Kreatinin <input type="checkbox"/> Harnsediment <input type="checkbox"/> Glukose <input type="checkbox"/> Bilirubin	Blut <input type="checkbox"/> kleines Blutbild <input type="checkbox"/> Kreatinin, Harnstoff, Gesamteiweiß 12.12. Stoffwechsel-/ Leberprofil <input type="checkbox"/> ASAT, ALAT, AP, GLDH <input type="checkbox"/> Gesamteiweiß, Bilirubin
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gewünschte Untersuchungen: (die nicht aufgeführt sind)	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>
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