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| **A vizsgálat megrendelése**: | **Sürgős!** |  | **A 18/1998.NM. rendelet alapján:** |  |

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| --- | --- | --- | --- |
|  | **MRSA fenotípusos megerősítése** |  |  |
|  | **MRSA genotípusos megerősítése** |  | **Molekuláris tipizálás** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **A mintát küldő intézmény:**…………………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | |
| **A mintát küldő kódja:** | | | | | |  | |  |  |  |  |  | |  | |  | |  | |  | | | | |
| **Címe:** |  |  |  |  |  | | | | | | | | | | | | | | | | | | | |
| **Vizsgálatkérő személy:** | | | | | | |  | | | | | | | | | | | | | | | | **Elérhetősége:** |  |
| **Az izolátum laboratóriumi nyilvántartási száma:** | | | | | | | | | | | | |  | |  | |  | |  | |  |

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| **Betegellátó intézmény:** |  |

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| **Betegellátó osztály kódja:** | |  |  |  |  |  |  |  |  |  |  |
| **Beteg neve:** |  | | | | | | | | | | | |

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| **TAJ** |  |  |  |  |  |  |  |  |  |  | **Születési ideje:** |  |  |  |  |  |  |  |  |  |  |  |

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| **Férfi:** |  |  | **Nő:** |  |  | **Járó beteg:** |  |  | **Fekvő beteg:** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lakhely irányítószám:** |  |  |  |  |

**A törzs származási helye:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🗌 liquor | 🗌 vér | 🗌 punktátum | 🗌 sebváladék | 🗌 alsólégút (típusa): |  |
| 🗌 orr | 🗌 torok | 🗌 egyéb |  |  |  |

|  |  |
| --- | --- |
| **Az izolált baktériumtörzs (species):** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Minatvétel időpontja: |  | **év** |  | **hó** |  | **nap** |
| Izolálás időpontja: |  | **év** |  | **hó** |  | **nap** |
| Aktuálisan alkalmazott antibiotikum: …………………………………………………………………………………………………………………………………………… | | | | | | |
| Klinikai tünetek (diagnózis): …………………………………………………………………………………………………………………………………………………………. | | | | | | |

**A minta típusa:**

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| --- | --- | --- | --- | --- | --- |
| I. Beteg anyag |  |  |  |  |  |
| II. Szűrés |  |  |  |  |  |
| 1. Korábbi infekció miatt: | |  |  |  |  |
|  | |  |  |  |  |
| 1. Környzet szűrése: | | Ápolt |  | Ápoló |  |
|  | |  |  |  |  |
| Kórházhigiénés vizsgálat: | | | | |  |