

Krankenkasse bzw. Kostenträger		MVZ Labor PD Dr. Volkmann und Kollegen GbR Gerwigstr. 67, 76131 Karlsruhe Telefon (07 21) 850000 Fax (07 21) 85000-199		Tagesnummer (bitte frei lassen)	
Name, Vorname des Versicherten		geb. am		Probenentnahme Mann <input type="checkbox"/> Frau <input type="checkbox"/>	
Kassen-Nr.		Versicherten-Nr.		Materialien	
Betriebsstätten-Nr.		Arzt-Nr.		Datum	
Status		Körpergröße: _____ [cm]		<input type="checkbox"/> Vollblut ^{CSF} Liquor ^{Sp} Speichel <input type="checkbox"/> Vollblut, zentr. ^{Syn} Synovia St Stuhl <input type="checkbox"/> ^S Serum ^{HB} Hep.-Blut ^A Abstrich <input type="checkbox"/> ^{EB} EDTA-Blut ^{HP} Hep.-Plasma ^{HCY} HCY-Z-Gel <input type="checkbox"/> ^{EP} EDTA-Plasma ^{U24} 24h-S-Urin ^{FB} NaF-Blut <input type="checkbox"/> ^{CB} Citrat-Blut ^U Urin ^{HL} Hämolytat <input type="checkbox"/> ^{CP} Citrat-Plasma ^{S+L} Serum+Liquor <input type="checkbox"/> ^{Spu} Sputum <input type="checkbox"/> ^{Ma} Mat. angeben: _____	
Zeit: _____		Körpergewicht: _____ [kg]		* 4 - 8 °C, ** -20 °C, *** lichtgeschützt	
Urinvolumen: _____ [mL]		Sammelperiode: _____ [Std]			

<input type="checkbox"/> Privat amb.	<input type="checkbox"/> Kostenträger Krankenhaus	<input type="checkbox"/> Ambulante Patienten Überweisungsschein genügt	<input type="checkbox"/> Gutachten / Aktenzeichen	<input type="checkbox"/> BG-Patient BG-Anschrift angeben
<input type="checkbox"/> Privat stat.				

Klinische Fragestellung:

Bitte eintragen: ➡
Befundanschrift,
Telefon- u. Faxnummer

Absender (Stempel)

6 Medikamente, Drogen, Spurenelemente, Toxikologie

Mat	Medikamente	Mat	Medikamente / Antiepileptika	Mat	Medikamente / Psychopharmaka	Mat	Drogen / Suchtmittel
EB	<input type="checkbox"/> Cyclosporin A (LCMS)	S	<input type="checkbox"/> Carbamazepin	S	<input type="checkbox"/> Amisulprid	U	<input type="checkbox"/> Drogen-Screening, normal
EB	<input type="checkbox"/> Everolimus	S	<input type="checkbox"/> Carbamazepin-11-epoxid	S	<input type="checkbox"/> Amitriptylin		Amphetamine, Cannabinoide, Cocain, Opiate
EB	<input type="checkbox"/> Sirolimus	S	<input type="checkbox"/> Diphenylhydantoin (Phenytoin)	S	<input type="checkbox"/> Aripiprazol	U	<input type="checkbox"/> Suchtmittel-Screening, erweitert
EB	<input type="checkbox"/> Tacrolimus (FK 506)	S	<input type="checkbox"/> Diphenylhydantoin-frei	S	<input type="checkbox"/> Benperidol		Amphetamine, Barbiturate, Benzodiazepine, Cannabinoide, Cocain, Methadon, Opiate
S	<input type="checkbox"/> Mycophenolsäure	S	<input type="checkbox"/> Ethosuximid	S	<input type="checkbox"/> Bromazepam	U	<input type="checkbox"/> Suchtmittel-Screening, umfassend
S	<input type="checkbox"/> Digoxin	S	<input type="checkbox"/> Gabapentin	S	<input type="checkbox"/> Citalopram		Amphetamine, Barbiturate, Benzodiazepine, Cannabinoide, Cocain, Methadon, Opiate
S	<input type="checkbox"/> Digitoxin	S	<input type="checkbox"/> Lamotrigin	S	<input type="checkbox"/> Clobazam	U	<input type="checkbox"/> Suchtmittel-Screening, umfassend
S	<input type="checkbox"/> Erythropoietin	S	<input type="checkbox"/> Levetiracetam	S	<input type="checkbox"/> Clomipramin		Amphetamine, Barbiturate, Benzodiazepine, Buprenorphin, Cannabinoide, Cocain, EDDP, ETG, LSD, Methadon, Opiate, Tricyclische Antidepressiva
S	<input type="checkbox"/> Methotrexat (MTX)	S	<input type="checkbox"/> Monohydroxy-Carbamazepin	S	<input type="checkbox"/> Clonazepam	U	<input type="checkbox"/> Amphetamine-Screening
S	<input type="checkbox"/> Theophyllin	S	<input type="checkbox"/> Phenobarbital	S	<input type="checkbox"/> Clozapin	S	<input type="checkbox"/> Barbiturate
		S	<input type="checkbox"/> Pregabalin	S	<input type="checkbox"/> Desmethyl-Clomipramin	U	<input type="checkbox"/> Barbiturate
		S	<input type="checkbox"/> Primidon	S	<input type="checkbox"/> Desmethyl-Clozapin	S	<input type="checkbox"/> Benzodiazepine
		S	<input type="checkbox"/> Sultiam	S	<input type="checkbox"/> Diazepam	U	<input type="checkbox"/> Benzodiazepine
		S	<input type="checkbox"/> Topiramate	S	<input type="checkbox"/> Doxepin	U	<input type="checkbox"/> Buprenorphin
		S	<input type="checkbox"/> Valproinsäure	S	<input type="checkbox"/> Doxepin	U	<input type="checkbox"/> Cannabis (THC)
		S	<input type="checkbox"/> Vigabatrin	S	<input type="checkbox"/> Escitalopram	S	<input type="checkbox"/> CDT (Carbohydrate Deficient Transferrin)
		S	<input type="checkbox"/> Zonisamid	S	<input type="checkbox"/> Fluoxetin	U	<input type="checkbox"/> Cocain
				S	<input type="checkbox"/> Flupentixol ***	U	<input type="checkbox"/> Cotinin
				S	<input type="checkbox"/> Fluphenazin	S	<input type="checkbox"/> Ethylglucuronid
				S	<input type="checkbox"/> Haloperidol	U	<input type="checkbox"/> Ethylglucuronid
Mat	Medikamente / Antibiotika	Mat	Medikamente / Antiarrhythmika	S	<input type="checkbox"/> Imipramin	U	<input type="checkbox"/> Methadon
S	<input type="checkbox"/> Gentamicin	S	<input type="checkbox"/> Amiodaron	S	<input type="checkbox"/> Lithium	U	<input type="checkbox"/> Opiate (Morphin, Codein)
S	<input type="checkbox"/> Tobramycin	S	<input type="checkbox"/> Desethylamiodaron	S	<input type="checkbox"/> Lorazepam	S	<input type="checkbox"/> Paracetamol (Azetaminop)
S	<input type="checkbox"/> Vancomycin	S	<input type="checkbox"/> Flecainid	S	<input type="checkbox"/> Maprotilin	U	<input type="checkbox"/> Pregabalin
		S	<input type="checkbox"/> Propafenon	S	<input type="checkbox"/> Methylphenidat**	S	<input type="checkbox"/> Salicylate
				S	<input type="checkbox"/> Mirtazapin	U	<input type="checkbox"/> Salicylate
				S	<input type="checkbox"/> Nordoxepin	S	<input type="checkbox"/> Tilidin
				S	<input type="checkbox"/> Nortriptylin	S	<input type="checkbox"/> Tramadol
				S	<input type="checkbox"/> Olanzapin	S	<input type="checkbox"/> Trizykl. Antidepressiva
				S	<input type="checkbox"/> Oxazepam		
				S	<input type="checkbox"/> Paliperidon		
				S	<input type="checkbox"/> Quetiapin		
				S	<input type="checkbox"/> Risperidon		
				S	<input type="checkbox"/> Sertralin		
				S	<input type="checkbox"/> Trimipramin		
				S	<input type="checkbox"/> Venlafaxin		
				S	<input type="checkbox"/> Ziprasidon		
				S	<input type="checkbox"/> Zucloptenthixol		



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6 Medikamente, Drogen, Spurenelemente, Toxikologie

Mat	Schwermetalle / Spurenelemente	Mat	Schwermetalle / Spurenelemente	Mat	Organische Lösungsmittel	Mat	Vergiftungen / Toxikologie
S	<input type="checkbox"/> Aluminium	S	<input type="checkbox"/> Mangan	U	<input type="checkbox"/> Methylhippursäure (Xylol-Metabolit)	EB	<input type="checkbox"/> CO-Hämoglobin
D	<input type="checkbox"/> Aluminium	HB	<input type="checkbox"/> Mangan	U	<input type="checkbox"/> Hippursäure (Toluol-Metabolit)	EB	<input type="checkbox"/> Methämoglobin
U	<input type="checkbox"/> Aluminium	U	<input type="checkbox"/> Mangan	U	<input type="checkbox"/> Trichloressigsäure (Trichlorethen-Metabolit)	HB	<input type="checkbox"/> Acetylcholinesterase (Erythrozyten)
Sp	<input type="checkbox"/> Aluminium	S	<input type="checkbox"/> Molybdaen	U	<input type="checkbox"/> trans, trans-Muconsäure (Benzol-Metabolit)	S	<input type="checkbox"/> Cholinesterase
HB	<input type="checkbox"/> Arsen	U	<input type="checkbox"/> Molybdaen	U	<input type="checkbox"/> Ameisensäure (Formaldehyd-Metabolit)		
U	<input type="checkbox"/> Arsen	HB	<input type="checkbox"/> Molybdaen				
HB	<input type="checkbox"/> Blei	S	<input type="checkbox"/> Nickel				
U	<input type="checkbox"/> Blei	U	<input type="checkbox"/> Nickel				
HB	<input type="checkbox"/> Cadmium	Sp	<input type="checkbox"/> Palladium				
U	<input type="checkbox"/> Cadmium	HB	<input type="checkbox"/> Quecksilber				
S	<input type="checkbox"/> Chrom	U	<input type="checkbox"/> Quecksilber				
U	<input type="checkbox"/> Chrom	Sp	<input type="checkbox"/> Quecksilber				
Sp	<input type="checkbox"/> Chrom	S	<input type="checkbox"/> Selen				
U	<input type="checkbox"/> Desferal-Test	S	<input type="checkbox"/> Thallium				
S	<input type="checkbox"/> Eisen	HB	<input type="checkbox"/> Thallium				
S	<input type="checkbox"/> Kobalt	U	<input type="checkbox"/> Thallium				
U	<input type="checkbox"/> Kobalt	S	<input type="checkbox"/> Zink				
S	<input type="checkbox"/> Kupfer	U24	<input type="checkbox"/> Zink				
U24	<input type="checkbox"/> Kupfer						
Sp	<input type="checkbox"/> Kupfer						



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