

SECȚIA _____

NR. FOCG _____

NUME și PRENUME PACIENT _____ SEX F M *(majusculă citet)*CNP VÂRSTA _____ URBAN RURAL

Diagnostic prezumtiv _____

HLG <input type="checkbox"/> Reticulocite <input type="checkbox"/>	MAGNEZIU <input type="checkbox"/> FIER <input type="checkbox"/>	ELECTROFOREZA <input type="checkbox"/>	UROCULTURA <input type="checkbox"/>
VSH <input type="checkbox"/>	GLICEMIE <input type="checkbox"/>	PROTEINE TOTALE <input type="checkbox"/>	EXSUDAT FARINGIAN <input type="checkbox"/>
TQ/INR <input type="checkbox"/> APTT <input type="checkbox"/>	COLESTEROL <input type="checkbox"/>	FERITINA <input type="checkbox"/>	PIOCULTURA <input type="checkbox"/>
FIBRINOGEN <input type="checkbox"/>	TRIGLICERIDE <input type="checkbox"/>	CALCIU IONIC CALC. <input type="checkbox"/>	SPUTICULTURA <input type="checkbox"/>
D-DIMERI <input type="checkbox"/>	HDL <input type="checkbox"/> LDL <input type="checkbox"/>	AMILAZA <input type="checkbox"/>	BK SPUTA <input type="checkbox"/>
TS <input type="checkbox"/> TC <input type="checkbox"/>	LIPIDE TOTALE <input type="checkbox"/>	IgA <input type="checkbox"/> IgM <input type="checkbox"/> IgG <input type="checkbox"/>	COPROCULTURA <input type="checkbox"/>
GR. SANGUIN <input type="checkbox"/> RH <input type="checkbox"/>	GOT <input type="checkbox"/> GPT <input type="checkbox"/>	HGB. GLICATA <input type="checkbox"/>	COPROPARAZITOLOGIC <input type="checkbox"/>
GFR <input type="checkbox"/>	GAMMA GT <input type="checkbox"/> LDH <input type="checkbox"/>	AMILAZURIE <input type="checkbox"/>	H. PYLORI FECAL <input type="checkbox"/>
Vol. urina(L)/24h Clearance creatinina <input type="checkbox"/>	Greutate(kg) Estim. Clearance Creat. <input type="checkbox"/>	ALBUMINA <input type="checkbox"/> Na ⁺ K ⁺ Ca ²⁺ Cl ⁻ <input type="checkbox"/>	ROTAVIRUS <input type="checkbox"/>
CREATININĂ <input type="checkbox"/>	FOSFATAZĂ ALCALINĂ <input type="checkbox"/>	PCR <input type="checkbox"/>	CLOSTRIDIUM DIF. <input type="checkbox"/>
UREE <input type="checkbox"/>	LIPAZA <input type="checkbox"/> FOSFOR <input type="checkbox"/>	ASLO <input type="checkbox"/> F R <input type="checkbox"/>	HEMORAGII OCULTE <input type="checkbox"/>
ACID URIC <input type="checkbox"/>	BILIRUBINĂ	TOTALA <input type="checkbox"/>	RPR-C <input type="checkbox"/> TPHA <input type="checkbox"/>
CALCIU TOTAL <input type="checkbox"/>		DIRECTA <input type="checkbox"/>	EX. URINA <input type="checkbox"/>
			CULT. SECR. VAGINALE <input type="checkbox"/>
			HEMOCULTURA <input type="checkbox"/>

(Numele persoanei care a recoltat proba biologică)

(Semnatura și parafă medicului)

Ora recoltării _____

Data _____

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(Numele persoanei care a recoltat proba biologică)

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