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|-------------|---|--------------|---------------|---|-------------------------------------|
| Voorletters | Naam | Geboortenaam | Geboortedatum | Artsen-microbioloog: Mw. dr. A.J. van Griethuysen Mw. dr. L. Dommelen Mw. drs. T.T.N. Le Mw. dr. M. Heusinkveld Dhr. drs. M. Heuvelmans Tel. 0318 - 43 40 40 | DEZE RUIMTE NIET BESCHRIJVEN |
| Geslacht | Adres | | | | |
| Postcode | Woonplaats | Tel: | | Afnamedatum en -tijd: | Aanvragend arts: |
| BSN | Verzekeringsmaatschappij/verzekeringsnummer | | | | Tel.: |

Patiëntenpas meenemen a.u.b. ⇨ CITO (eerst telefonisch aanmelden en tel.nr. waarop uitslag kan worden doorgebeld vermelden)

Zonder vermelding van de aard van het materiaal en klinische gegevens is zinnig microbiologisch onderzoek niet mogelijk. **ARTS CODE**

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| Klinische gegevens: (Verwacht) antibioticumgebruik: _____ Verbleef buitenland: _____ Eerste ziektedag: _____ | | NOODFORMULIER arts: | <table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

AARD MATERIAAL

| Algemeen | Uitstrijk | Punctaat | Weefsel |
|---|--|---|--|
| <input type="checkbox"/> bloedkweek <input type="checkbox"/> bloedkweek via lijn, locatie <input type="checkbox"/> tip, locatie <input type="checkbox"/> arterieel lijn <input type="checkbox"/> centraal veneuze lijn <input type="checkbox"/> dialyselijn <input type="checkbox"/> perifere infuus <input type="checkbox"/> PICCO / PAC katheter <input type="checkbox"/> dikke druppel/uitstrijk <input type="checkbox"/> beenmerg <input type="checkbox"/> liquor | <input type="checkbox"/> urine <input type="checkbox"/> urine via verblijfskatheter <input type="checkbox"/> cystoscoop urine <input type="checkbox"/> blaaspunctie <input type="checkbox"/> urostoma <input type="checkbox"/> feces <input type="checkbox"/> CAPD vloeistof <input type="checkbox"/> CAPD poort <input type="checkbox"/> sputum <input type="checkbox"/> trachea/bronchiaal aspiraaf <input type="checkbox"/> BAL <input type="checkbox"/> sinussecret | <input type="checkbox"/> locatie uitstrijk <input type="checkbox"/> blaasjes <input type="checkbox"/> cervix <input type="checkbox"/> huid <input type="checkbox"/> introïtus <input type="checkbox"/> keel <input type="checkbox"/> mond/tong <input type="checkbox"/> navel <input type="checkbox"/> nasopharynx <input type="checkbox"/> neus <input type="checkbox"/> oog <input type="checkbox"/> oor <input type="checkbox"/> periaanaal <input type="checkbox"/> recto-vaginaal <input type="checkbox"/> rectum <input type="checkbox"/> urethra <input type="checkbox"/> vagina | <input type="checkbox"/> locatie <input type="checkbox"/> maagbipt <input type="checkbox"/> klier, locatie <input type="checkbox"/> haar <input type="checkbox"/> nagel <input type="checkbox"/> huidschilfer |

KLINISCHE GEGEVENS

| Algemeen | Bloed/liquor | Feces | Tractus genitalis | Oor | Huid/bot/gewricht |
|--|--|---|---|--|---|
| <input type="checkbox"/> controle na therapie <input type="checkbox"/> dialyse <input type="checkbox"/> immuungecompromitteerd <input type="checkbox"/> neutropenie <input type="checkbox"/> koorts e.c.i. <input type="checkbox"/> pre-operatief <input type="checkbox"/> SDD <input type="checkbox"/> sepsis <input type="checkbox"/> zwanger <input type="checkbox"/> adoptie <input type="checkbox"/> eosinofilie <input type="checkbox"/> abces: <input type="checkbox"/> lymfadenopathie | <input type="checkbox"/> endocarditis <input type="checkbox"/> i.v. lijnen <input type="checkbox"/> thromboflebitis <input type="checkbox"/> geïnfecteerde vaatprothese <input type="checkbox"/> meningitis <input type="checkbox"/> encephalitis <input type="checkbox"/> petechiën Urine <input type="checkbox"/> mictieklachten <input type="checkbox"/> recidiverende infecties <input type="checkbox"/> pyelonefritis <input type="checkbox"/> urosepsis <input type="checkbox"/> suprapubische katheter <input type="checkbox"/> verblijfskatheter (CAD) | <input type="checkbox"/> diarree <input type="checkbox"/> diarree met bloed <input type="checkbox"/> diarree met slijm <input type="checkbox"/> diarree na antibiotica Sputum <input type="checkbox"/> hemoptoë <input type="checkbox"/> pneumonie Bovenste luchtwegen <input type="checkbox"/> epiglottitis <input type="checkbox"/> faryngitis <input type="checkbox"/> retrofaryngeaal abces <input type="checkbox"/> tonsillitis | <input type="checkbox"/> gebroken vliezen <input type="checkbox"/> fluur <input type="checkbox"/> cervicitis <input type="checkbox"/> vaginitis <input type="checkbox"/> endometritis <input type="checkbox"/> P.I.D. <input type="checkbox"/> prostatitis <input type="checkbox"/> S.O.A. Oog <input type="checkbox"/> conjunctivitis <input type="checkbox"/> ulcus cornea | <input type="checkbox"/> otitis <input type="checkbox"/> otitis externa Buik <input type="checkbox"/> appendicitis <input type="checkbox"/> cholangitis <input type="checkbox"/> cholecystitis <input type="checkbox"/> darmperforatie <input type="checkbox"/> peritonitis <input type="checkbox"/> pancreatitis Huid/bot/gewricht <input type="checkbox"/> artritis, locatie | <input type="checkbox"/> blaasjes <input type="checkbox"/> bijtwond mens/dier: <input type="checkbox"/> bursitis <input type="checkbox"/> cellulitis <input type="checkbox"/> diabetische voet <input type="checkbox"/> decubitus <input type="checkbox"/> erysipelas <input type="checkbox"/> fasciitis <input type="checkbox"/> geïnf. gewrichtsprothese <input type="checkbox"/> geïnf. osteosynthese <input type="checkbox"/> huidschilfers <input type="checkbox"/> osteomyelitis <input type="checkbox"/> panaritium <input type="checkbox"/> ulcus <input type="checkbox"/> wondinfectie |

GEWENST ONDERZOEK

| Algemeen | Feces | Tuberculose (mycobacterium) | Virologie algemeen (PCR) |
|--|--|--|--|
| <input type="checkbox"/> Banale kweek <input type="checkbox"/> Gist (Candida) <input type="checkbox"/> Actinomyces/Nocardia <input type="checkbox"/> Schimmel <input type="checkbox"/> Bartonella (kattenkrab) (PCR) <input type="checkbox"/> Cryptococci <input type="checkbox"/> Helicobacter pylori kweek (bipt) <input type="checkbox"/> Staphylococcus aureus (dragerschap) <input type="checkbox"/> GBS <input type="checkbox"/> Overig | <input type="checkbox"/> Banaal onderzoek (PCR) <input type="checkbox"/> Salmonella/Shigella <input type="checkbox"/> Campylobacter <input type="checkbox"/> Yersinia (PCR) <input type="checkbox"/> Shiga-toxine vormende E.coli (STEC) (PCR) <input type="checkbox"/> Clostridium difficile toxine <input type="checkbox"/> Viraal gastro-enteritis panel (PCR) Noro-, Sapo, Astro, Rota en Adenovirus <input type="checkbox"/> Helicobacter (antigeentest) Voor afname 2 weken geen protonpompremmer en 4 weken geen antibiotica gebruiken | <input type="checkbox"/> TBC/Atypische Mycobacteriën microscopie/kweek* <input type="checkbox"/> TBC (PCR)* SOA <input type="checkbox"/> Neisseria gonorrhoeae / Chlamydia trachomatis <input type="checkbox"/> Trichomonas (PCR) <input type="checkbox"/> Mycoplasma genitalium (PCR) <input type="checkbox"/> Herpes simplex (PCR) | <input type="checkbox"/> Herpes simplex virus (PCR) <input type="checkbox"/> Varicella zoster virus (PCR) <input type="checkbox"/> Cytomegalovirus (PCR) <input type="checkbox"/> Enterovirus/Parechovirus (PCR) <input type="checkbox"/> Adenovirus (PCR) <input type="checkbox"/> Bof (PCR) Overige cardio-neurotroop <input type="checkbox"/> Respiratoir panel (PCR) Adenovirus/Sars-Cov-2/Influenza A+B/Parainfluenza/hMPV/RSV/Mycoplasma Urine <input type="checkbox"/> Legionella/Pneumokokken (antigeen in urine) |

INFECTIEPREVENTIE MRSA/BRMO

| Parasitologie | Luchtwegen | Instructie | Antibioticagebruik laatste 48u |
|--|---|---|---|
| Standaard: <input type="checkbox"/> Parasieten panel (PCR) <input type="checkbox"/> Giardia lamblia <input type="checkbox"/> Entamoeba histolytica <input type="checkbox"/> Cryptosporidium species Tropenbezoek: <input type="checkbox"/> Cyclospora (PCR) <input type="checkbox"/> Schistosoma*** <input type="checkbox"/> Strongyloides*** <input type="checkbox"/> Wormeieren Losse onderzoeken: <input type="checkbox"/> Malaria** <input type="checkbox"/> Dientamoeba fragilis (PCR) | <input type="checkbox"/> Sars-Cov-2 (PCR) <input type="checkbox"/> Influenza A/B (PCR) <input type="checkbox"/> Respiratoir panel (PCR) Adenovirus/Sars-Cov-2/Influenza A+B/Parainfluenza/hMPV/RSV/Mycoplasma <input type="checkbox"/> Entero/Parecho (PCR) <input type="checkbox"/> Atypische pneumonie (PCR) Psittacosis/Mycoplasma/Legionella <input type="checkbox"/> Legionella (kweek) <input type="checkbox"/> Bordetella pertussis (kinkhoest) (PCR) <input type="checkbox"/> Pneumocystis jiroveci (PCR) <input type="checkbox"/> Aspergillus antigeen (BAL) | <input type="checkbox"/> Opname buitenlands ziekenhuis: land <input type="checkbox"/> Verblijf in vluchtelingenopvang <input type="checkbox"/> V-MRSA verdacht (woont op boerderij en/of werkt met levende vleeskalveren,-kippen en/of -varkens) <input type="checkbox"/> Huisgenoot (V-)MRSA positieve persoon <input type="checkbox"/> Controle voor/na therapie MRSA (Eradicatie traject) : ERA Vermeld aub hoeveelste ERA kweeken dit betreft! <input type="checkbox"/> Contactonderzoek: code <input type="checkbox"/> Controlekweekset BRMO/VRE/CARBA/MR Acinetobacter Bekend met: Instructie -MRSA (keel, neus, rectum en risicofactoren ¹) -BRMO/CARBA (rectum; bij controle ook originele vindplaats en risicofactoren ¹) -VRE (rectum) -MR Acinetobacter (keel, rectum en risicofactoren ¹) | <input type="checkbox"/> Nee <input type="checkbox"/> Ja, namelijk |