



ORDER FORM

LABORATOIRES RÉUNIS

Prescription date:

(without expiry date valid for 2 months)

Expiry date:

(max. 6 months)

Sample collection: Date:

Time:

Fasting: ☐ Yes ☐ No

Urgent: ☐ No ☐ Yes

Copy to:

Accident No.:

Accident date:

Patient

Matricule:

Surname and first name:

Surname at birth (if applicable):

Date of birth:

Gender: ☐ F ☐ M ☐ divers

No. & Street:

Postcode:

City:

Country:

Phone:

Mobile:

Email:

Prescribing physician

Physician code:

Surname:

First name:

No. & Street:

Postcode:

City:

Country:

Phone:

Mobile:

Email:

HEMATOLOGY – BIOCHEMISTRY – IMMUNOLOGY

Hematology

- ☐ Complete blood count
- ☐ Reticulocytes
- ☐ ESR (not reimbursed in combination with fibrinogen and CRP)
- ☐ Ferritin
- ☐ Transferrin saturation
- ☐ Serum folate
- ☐ Vitamin B12
 - ☐ macrocytic anemia
 - ☐ Neurodegenerative disease
 - ☐ intestinal malabsorption

Blood Group

- ☐ ABO/RHD blood group*
Reason: ☐ Pregnancy
 - ☐ Transfusion
 - ☐ IVF
 - ☐ Pre-op
- ☐ IAT
Anti-D prophylaxis: ☐ Yes ☐ No
Date:

Renal panel and electrolytes

- ☐ Creatinine + eGFR
Weight: Height:
- ☐ Uric acid
- ☐ Urea
- ☐ Electrolytes (Na, K, Cl)
- ☐ Calcium
- ☐ Phosphorus
- ☐ Magnesium

Renal and urinary assessment

- | | Sample | 24h |
|-----------------------------------|--------------------------|--------------------------|
| Creatinine | ☐ | ☐ |
| Creat. clearance (ser. + 24h ur.) | ☐ | ☐ |
| Albumin | ☐ | ☐ |
| Total proteins | ☐ | ☐ |
| Protein profile + BJ | ☐ | ☐ |
| Urea | ☐ | ☐ |
| Uric acid | ☐ | ☐ |
| Calcium | ☐ | ☐ |
| Phosphorus | ☐ | ☐ |
| Magnesium | ☐ | ☐ |
| Electrolytes (Na, K, Cl) | ☐ | ☐ |
| Cortisol | ☐ | ☐ |
| Catecholamines | ☐ | ☐ |
| Toxicology Screening | ☐ | ☐ |

Coagulation

- ☐ Prothrombin time-INR
VKA treatment: ☐ Yes ☐ No
- ☐ aPTT
- ☐ Fibrinogen (not reimb. in comb. with ESR)
- ☐ D-dimers

Thrombophilia

- ☐ Protein S
- ☐ Protein C
- ☐ Antithrombin 3 (AT3)
- ☐ Activated Protein C resistance
- ☐ Lupus anticoagulant
- ☐ Antiphospholipid antibodies

Thyroid panel

- ☐ TSH
- ☐ FT4 ☐ if TSH abnormal
- ☐ FT3 ☐ if TSH abnormal / FT4 normal
- ☐ Anti-TPO antibodies*
 - ☐ autoimmune thyroiditis
- ☐ Anti-Tg antibodies* (comb. with anti-TPO is reimb. only if TSH $\nearrow$ and anti-TPO is neg.)
 - ☐ autoimmune thyroiditis if anti-TPO negative and TSH $\nearrow$
 - ☐ thyroid cancer
- ☐ TSH receptor antibodies

Glucose metabolism

- ☐ Fasting glucose
- ☐ HbA1c
- ☐ OGTT 2h
- ☐ Insulin* ☐ Reason:
- ☐ C-Peptide*
- ☐ HOMA*
- ☐ Fructosamine (not reimb. in comb. with HbA1c)

Lipid panel

- ☐ Total cholesterol
- ☐ HDL cholesterol
- ☐ LDL cholesterol
- ☐ Triglycerides
- ☐ Apo A1
- ☐ Apo B
- ☐ Lp(a)

Protein profile

- ☐ Total proteins
- ☐ Protein electrophoresis
- ☐ Albumin

- ☐ Monoclonal protein characterization (Immunofixation electrophoresis)
- ☐ CRP (not reimb. in comb. with ESR)
- ☐ Procalcitonin (to be performed within 24h of prescription, otherwise HN)
- ☐ Haptoglobin
- ☐ Free light chains kappa and lambda (not reimbursed in combination with Bence Jones protein)

Hepato-pancreatic panel

- ☐ AST (GOT)
- ☐ ALT (GPT)
- ☐ GGT
- ☐ Alkaline phosphatase
- ☐ Total bilirubin
- ☐ Conjugated bilirubin
- ☐ Lipase ☐ max 1
- ☐ Amylase ☐ max 1
- ☐ LDH

Hormonal panel

Last menstrual period:

- ☐ HCG (pregnancy)
- ☐ FSH
- ☐ LH
- ☐ Estradiol
- ☐ Progesterone
- ☐ Prolactin
- ☐ Testosterone
- ☐ SHBG (TeBG)
- ☐ DHEA-S
- ☐ Cortisol ☐ morning ☐ day
- ☐ ACTH
- ☐ AMH

Tumor markers

- ☐ CEA
- ☐ CA 125
- ☐ CA 15-3
- ☐ CA 19-9
- ☐ Thyroglobulin
- ☐ AFP
- ☐ HCG
- ☐ Calcitonin
- ☐ Total PSA ☐ Free PSA (if PSA 4-10)
 - ☐ screening (max 1x/Year)
 - ☐ tumor follow-up (free PSA HN)
 - ☐ Prostatitis (free PSA HN)
 - ☐ payable by patient

Cardiac panel

- ☐ Total CK
- ☐ CK-MB (if CK $\nearrow$) ☐ not combinable with Troponin
- ☐ Troponin (to be performed the same day, otherwise HN)
- ☐ NT-proBNP/BNP (to be performed within 72h, otherwise HN)
- ☐ Homocysteine (HN)

Allergy panel

- ☐ Total IgE
- ☐ Specific IgE (mix/single), max 6:

alternatively allergen panel (max 1, not reimbursed in combination with specific IgE):

- ☐ Respiratory allergens
- ☐ Food allergens
- ☐ Combined (R+F)

Bone panel

- ☐ Parathyroid hormone (PTH)
- ☐ 25-OH Vitamin D*
 - ☐ osteoporosis
 - ☐ osteomalacia
 - ☐ chronic renal insufficiency
 - ☐ intestinal malabsorption
 - ☐ obesity surgery
 - ☐ rickets (<15 years)
- ☐ 1,25-Dihydroxyvitamin D3
 - ☐ chronic renal insufficiency
 - ☐ Vitamin D-resistant rickets
- ☐ CTX (Crosslaps)*
 - ☐ Reason:
- ☐ Osteocalcin* ☐ max 1
- ☐ PINP* ☐ Reason:

Autoimmune panel

- ☐ ANA
- ☐ ANCA
- ☐ IBP
- ☐ Anti-Transglutaminase abs
- ☐ ACCP
- ☐ Rheumatoid factor

*HN analysis (outside the nomenclature), not reimbursed unless justified

Patient

Matricule:

Surname and first name:

INFECTIOUS SEROLOGY

Coverage rules

Up to 12 tests (IgG, IgM, IgA or Ag). For initial prenatal screening (please indicate on the request form): max. 16 tests.

HIV

- ☐ HIV 1/2 antibodies + p24 Ag
☐ Viral load

Hepatitis B

- ☐ Anti-HBs (immune status)
☐ HBsAg / anti-HBc / anti-HBs (= 3 tests)
☐ Viral load

Hepatitis C

- ☐ Anti-HCV
☐ Viral load
○ Reason:

Syphilis

- ☐ Screening IgG + IgM
☐ Follow-up: RPR and TPPA

Chlamydia trachomatis

(Combination with C. pneumoniae / C. psittaci is not reimbursed)

- ☐ IgG + IgA (=2 tests)

Herpes simplex (HSV)

- ☐ HSV-1 IgG
☐ HSV-2 IgG
☐ HSV-1/2 IgM

Toxoplasmosis

- ☐ IgG (immune status)
☐ IgG + IgM (=2 tests)

CMV

- ☐ IgG (immune status)
☐ IgG + IgM (=2 tests)

Rubella

- ☐ IgG (immune status)
☐ IgG + IgM (=2 tests)

Parvovirus B19

- ☐ IgG (immune status)
☐ IgG + IgM (=2 tests)

EBV

- ☐ EBNA-IgG + VCA-IgG + VCA-IgM
(= 3 tests)

Varicella-Zoster (VZV)

- ☐ IgG (immune status)
☐ IgG + IgM (=2 tests)

Mumps

- ☐ IgG (immune status)
☐ IgG + IgM (=2 tests)

Measles

- ☐ IgG (immune status)
☐ IgG + IgM (=2 tests)

Whooping cough (B. pertussis)

- ☐ IgG (immune status)

Hepatitis A

- ☐ IgG (immune status)
☐ IgG + IgM (=2 tests)

Mycoplasma pneumoniae

- ☐ IgG + IgM (=2 tests)

Chlamydia pneumoniae

- ☐ IgG + IgA (=2 tests)

Borreliosis

- ☐ IgG + IgM (=2 tests)

Helicobacter pylori

- ☐ IgG
☐ IgA

Streptococci

- ☐ ASLO

Tuberculosis

- ☐ Quantiferon*
○ Reason:

MICROBIOLOGY

PCR testing:

Cannot be combined with serology, except for chronic HBV or initial diagnosis of HCV/HIV infection.

Urine

- Source: ☐ midstream urine
☐ catheter urine
☐ other:

Symptoms: ☐ Yes ☐ No

Antibiotics: ☐ Yes ☐ No

- ☐ Dipstick + sediment
☐ Culture if leukocyte count >9.5/μL
☐ Culture
☐ Yeasts
☐ Legionella pneumophila Ag
☐ CMV PCR
☐ Polyomavirus (BKV) PCR

Stool

Bacteries

- ☐ Bacterial Screening
☐ Clostridium difficile toxins A/B PCR
☐ Enteropathogenic E.coli
☐ Helicobacter pylori Ag

Parasites

- ☐ Parasite Screening (PCR and microscopy)
☐ Entamoeba histolytica PCR
☐ Giardia lamblia PCR
☐ Cryptosporidium PCR
☐ Pinworms

Specimen:

- ☐ Perianal swab (method of choice)
☐ Perianal tape test

Virus

- ☐ Virus detection (PCR)
☐ Adenovirus
☐ Norovirus (GI/GII)
☐ Rotavirus
☐ Enterovirus
☐ Sapovirus
☐ Astrovirus
☐ Parechovirus

Others

- ☐ Faecal occult blood (FOB/FIT)
☐ Calprotectin
☐ Alpha-1-antitrypsin
☐ Elastase
☐ Digestion

Respiratory sample

Source:

- ☐ Direct examination and culture
☐ Yeasts
☐ Respiratory viral screening (PCR)
☐ Influenza A/B PCR
☐ COVID-19 PCR
☐ RSV PCR
☐ Parainfluenzavirus PCR
☐ Metapneumovirus PCR
☐ Adenovirus PCR
☐ Rhinovirus PCR
☐ Bacterial screening PCR
☐ Chlamydia pneumoniae PCR
☐ Mycoplasma pneumoniae PCR
☐ Legionella pneumophila PCR
☐ Bordetella pertussis (Whooping cough) and parapertussis PCR

Others

- ☐ CMV PCR
☐ EBV PCR
☐ Measles PCR

Genital sample

Source:

- ☐ Direct examination and culture
☐ Group B Streptococcus (GBS)
☐ Yeasts
☐ Bacterial vaginosis and T. vaginalis PCR

Specific PCR testing

Source:

- ☐ first-void urine
☐ genital specimen
☐ semen
☐ throat swab
☐ anal swab
- max. 3 sites
- ☐ Sexually transmitted infections
☐ Chlamydia trachomatis
☐ Neisseria gonorrhoeae
☐ Mycoplasma genitalium
☐ Urogenital Mycoplasma (M. hominis, U. urealyticum, U. parvum)
☐ Trichomonas vaginalis PCR
☐ T. pallidum (Syphilis)
☐ HSV-1/2
☐ VZV (Varicella-Zoster)

Papillomavirus (HPV) PCR

- Source: ☐ Endocervical swab
☐ Vaginal swab
☐ Urethral swab

- ☐ Detection and typing of high-risk HPV (only on endocervical swab)
☐ Detection and typing of high- and low-risk HPV

Skin - Skin appendages - Wound

(Reimb. limited to 1 site, otherwise **HN**)

Source:

- ☐ Direct examination and culture
☐ Moulds
☐ Dermatophytes PCR
☐ Dermatophytes culture (combination of culture and PCR is not reimbursed)
☐ Pityriasis versicolor
☐ HSV-1/2 PCR
☐ VZV (Varicella-Zoster) PCR
☐ HHV-6 PCR
☐ HHV-7 PCR

Blood

- ☐ CMV PCR
☐ EBV PCR
☐ Parvovirus B19 PCR

Miscellaneous

Specimen: EDTA

- ☐ Malaria

Travel:

Screening for multidrug-resistant bacteria

Source: 1

2

3

4

5

- ☐ MRSA (max. 5 sites)
☐ VRE
☐ ESBL
☐ Carbapenemase

Other analyses

Specify:

Clinical information

Stamp and signature of the physician

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