
 <p>Medizinische Laboratorien <b>DÜSSELDORF</b></p> <p>Privat</p> <p style="text-align: center;">Patient</p>	<p><b>DRES. MED. P. NEMES, I. HERZUM, R. GEISEL</b>          Nordstr. 44 • Postfach 300 731 • 40407 Düsseldorf • Tel. 0211/49 78-0 • Fax 0211/49 78 333</p> <div style="border: 1px solid black; padding: 5px; text-align: right;"> <input type="checkbox"/> neue Anforderungs-Scheine         </div> <p style="text-align: center; margin-top: 20px;">Absender</p>																
<b>TDM Therapeutisches Drug Monitoring (HIV)</b>																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;"><input type="checkbox"/> Nevirapin</td> <td><input type="checkbox"/> Darunavir (TMC 114)</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Efavirenz</td> <td><input type="checkbox"/> Atazanavir</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Etravirin (TMC125)</td> <td><input type="checkbox"/> Dolutegravir</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Rilpivirin</td> <td><input type="checkbox"/> Raltegravir (MK 0518)</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Maraviroc</td> <td><input type="checkbox"/> Elvitegravir</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Cobicistat</td> <td><input type="checkbox"/> Bictegravir</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Ritonavir</td> <td><input type="checkbox"/> Doravirin (in Vorbereitung) (MK1439)</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Lopinavir</td> <td></td> </tr> </table> <p>Letzte Medikamenteneinnahme : _____</p> <p><input type="checkbox"/> Nüchtern</p> <p><input type="checkbox"/> nach 1 Std.</p> <p><input type="checkbox"/> nach 2 Std.</p> <p><input type="checkbox"/> nach 3 Std.</p> <p><input type="checkbox"/> nach 4 Std.</p> <p><input type="checkbox"/> nach 6 Std.</p> <p>Zeitpunkt der BE:</p> <p><b>HLA B5701</b> (EDTA-Blut)</p>	<input type="checkbox"/> Nevirapin	<input type="checkbox"/> Darunavir (TMC 114)	<input type="checkbox"/> Efavirenz	<input type="checkbox"/> Atazanavir	<input type="checkbox"/> Etravirin (TMC125)	<input type="checkbox"/> Dolutegravir	<input type="checkbox"/> Rilpivirin	<input type="checkbox"/> Raltegravir (MK 0518)	<input type="checkbox"/> Maraviroc	<input type="checkbox"/> Elvitegravir	<input type="checkbox"/> Cobicistat	<input type="checkbox"/> Bictegravir	<input type="checkbox"/> Ritonavir	<input type="checkbox"/> Doravirin (in Vorbereitung) (MK1439)	<input type="checkbox"/> Lopinavir		<p style="text-align: center; margin-top: 20px;">Absender und Unterschrift</p>
<input type="checkbox"/> Nevirapin	<input type="checkbox"/> Darunavir (TMC 114)																
<input type="checkbox"/> Efavirenz	<input type="checkbox"/> Atazanavir																
<input type="checkbox"/> Etravirin (TMC125)	<input type="checkbox"/> Dolutegravir																
<input type="checkbox"/> Rilpivirin	<input type="checkbox"/> Raltegravir (MK 0518)																
<input type="checkbox"/> Maraviroc	<input type="checkbox"/> Elvitegravir																
<input type="checkbox"/> Cobicistat	<input type="checkbox"/> Bictegravir																
<input type="checkbox"/> Ritonavir	<input type="checkbox"/> Doravirin (in Vorbereitung) (MK1439)																
<input type="checkbox"/> Lopinavir																	

Anforderungsscheine HIV Dr.080519

 <p>Medizinische Laboratorien <b>DÜSSELDORF</b></p> <p>Privat</p> <p style="text-align: center;">Patient</p>	<p><b>DRES. MED. P. NEMES, I. HERZUM, R. GEISEL</b>          Nordstr. 44 • Postfach 300 731 • 40407 Düsseldorf • Tel. 0211/49 78-0 • Fax 0211/49 78 333</p> <div style="border: 1px solid black; padding: 5px; text-align: right;"> <input type="checkbox"/> neue Anforderungs-Scheine         </div> <p style="text-align: center; margin-top: 20px;">Absender</p>																
<b>TDM Therapeutisches Drug Monitoring (HIV)</b>																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;"><input type="checkbox"/> Nevirapin</td> <td><input type="checkbox"/> Darunavir (TMC 114)</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Efavirenz</td> <td><input type="checkbox"/> Atazanavir</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Etravirin (TMC125)</td> <td><input type="checkbox"/> Dolutegravir</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Rilpivirin</td> <td><input type="checkbox"/> Raltegravir (MK 0518)</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Maraviroc</td> <td><input type="checkbox"/> Elvitegravir</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Cobicistat</td> <td><input type="checkbox"/> Bictegravir</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Ritonavir</td> <td><input type="checkbox"/> Doravirin (in Vorbereitung) (MK1439)</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> Lopinavir</td> <td></td> </tr> </table> <p>Letzte Medikamenteneinnahme : _____</p> <p><input type="checkbox"/> Nüchtern</p> <p><input type="checkbox"/> nach 1 Std.</p> <p><input type="checkbox"/> nach 2 Std.</p> <p><input type="checkbox"/> nach 3 Std.</p> <p><input type="checkbox"/> nach 4 Std.</p> <p><input type="checkbox"/> nach 6 Std.</p> <p>Zeitpunkt der BE:</p> <p><b>HLA B5701</b> (EDTA-Blut)</p>	<input type="checkbox"/> Nevirapin	<input type="checkbox"/> Darunavir (TMC 114)	<input type="checkbox"/> Efavirenz	<input type="checkbox"/> Atazanavir	<input type="checkbox"/> Etravirin (TMC125)	<input type="checkbox"/> Dolutegravir	<input type="checkbox"/> Rilpivirin	<input type="checkbox"/> Raltegravir (MK 0518)	<input type="checkbox"/> Maraviroc	<input type="checkbox"/> Elvitegravir	<input type="checkbox"/> Cobicistat	<input type="checkbox"/> Bictegravir	<input type="checkbox"/> Ritonavir	<input type="checkbox"/> Doravirin (in Vorbereitung) (MK1439)	<input type="checkbox"/> Lopinavir		<p style="text-align: center; margin-top: 20px;">Absender und Unterschrift</p>
<input type="checkbox"/> Nevirapin	<input type="checkbox"/> Darunavir (TMC 114)																
<input type="checkbox"/> Efavirenz	<input type="checkbox"/> Atazanavir																
<input type="checkbox"/> Etravirin (TMC125)	<input type="checkbox"/> Dolutegravir																
<input type="checkbox"/> Rilpivirin	<input type="checkbox"/> Raltegravir (MK 0518)																
<input type="checkbox"/> Maraviroc	<input type="checkbox"/> Elvitegravir																
<input type="checkbox"/> Cobicistat	<input type="checkbox"/> Bictegravir																
<input type="checkbox"/> Ritonavir	<input type="checkbox"/> Doravirin (in Vorbereitung) (MK1439)																
<input type="checkbox"/> Lopinavir																	

Anforderungsscheine HIV Dr.080519