AANVRAAG / AFNAME DATUM : .............../............../...................

AANVRAAG / AFNAME UUR : ....................................................

FIXATIE UUR (indien ≠ afname): ....................................................

Labo athologie Yperman

dr. Kristof COKELAERE – dr. Stijn DELOOSE

 057/35 73 50 🖷057/35 73 59

 anapat@yperman.net

Vriescoupe : JA / NEE Tel-nr Zaal:

**PATIENTGEGEVENS** : ( invullen of klevertje plakken)

|  |
| --- |
| naamvoornaamadres ...................................................................................................................................................................................... .................................... M/Vpostnr ........................................................................ gemeente ............................................................................................geb. datum - -rijksreg. nr. . . - . |
| **GENEESHEER** :(stempel)dr. .........................................................................................................................................................................................Handtekening | HANDTEKENING/ NAAM VERPLEEGKUNDIGE.......................................................................................................................................................................................... |
| **RESULTAAT :** dringend  Duplicaat aan :dr. ............................................................................................. |
| Totaal aantal recipiënten : ............................................. |

* **HISTOPATHOLOGISCH ONDERZOEK**

Aard weefsel: .......................................................................................................................................................................................................

Klinische gegevens:

......................................................................................................................................................................................................................................

......................................................................................................................................................................................................................................

......................................................................................................................................................................................................................................

cTNM:

Pharmacodiagnostiek:  ER  PR  ROS

 Her 2 Neu  ALK

.............................................

.............................................

.............................................

.............................................

.............................................

............................................

............................................

............................................

 PDL 1  Pan-TRK

 Andere: ..........................................................

* **CYTOLOGISCH ONDERZOEK** (aard omcirkelen/ aanvullen)

KwFo07-AFb-OK\_20230101

bronchus - sputum - pleuravocht - ascitesvocht - CSV urine - borst - tepelvocht - gewrichtsvocht - Douglasvocht

...........................................................................................................................................