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| **Cito!** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | *Täidab labor* | | | | | **UURINGU nr:** | | | | | | | | | | | | | | | | |  | | | | | | | |
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|  | | | | | | | | | | | Saabus laborisse (kuupäev, kellaaeg): | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| *NIMEKLEEPS* | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |
| **PATSIENT** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | **TELLIJA** | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
| Eesnimi: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | Eesnimi: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Perekonnanimi: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | Perekonnanimi: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Isikukood: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | Raviasutus/osakond: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Vanus: | | |  | | | | | | | | Sugu: | | | | | | | | | M | | | | | N | | | | |  | | Arsti kood: | | | | | |  | | | | | | | | | | | | | | | Telefon: | | |  | | | | | |
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| **MATERJALI VÕTJA** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tellija ja materjali võtja on samad | | | | | | | | | | | | | | | |
| Ees- ja perekonnanimi: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefon: | | | | | |  | | | | | | | | | |
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| **KLIINILISED ANDMED** (diagnoos, olulisem leid, ravi): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Profülaktiline uuring | | | | | | | | | | | | | | | | | | | | | Sõeluuring | | | | | | |
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| Menopausi kestus: | | | | | | | | | | | |  | | | | | | | | |  | | | | | | Viimane menstruatsioon: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | |
| Raseduse kestus: | | | | | | | | | |  | | | | | | | | | | |  | | | | | | Rasestumisvastased vahendid: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| Abordid: | | | | | |  | | | | | | | | | | | | | | |  | | | | | | Ravi (hormoonid/keemia/kiiritus): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | |
| Varasemad uuringud: | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
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| **UURIMISMATERJAL** | | | | | | | | | | | | | | | | | | | **Materjali võtmise aeg** (kuupäev, kellaaeg): | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Paige:** | Emakakael | | | | | | | | | | | | | | | | | | | | | | Häbe | | | | | | | | | | | | |  | | | | | | **Fiksatsioon:** | | | | | | | | | | | Fikseerimata | | | | | | LBC | | |
|  | Endotservikaalne kanal | | | | | | | | | | | | | | | | | | | | | | Tupp | | | | | | | | | | | | |  | | | | | | Alkoholis fikseeritud eksfoliatiivne materjal | | | | | | | | | | | | | | | | | | | |
|  | Endomeetrium | | | | | | | | | | | | | | | | | | | | | | Muu: | | | | | |  | | | | | | |  | | | | | | Muu: | | | | | | | | |  | | | | | | | | | | |
| ***NB!*** *Preparaadiklaasile markeerida hariliku pliiatsiga patsiendi ees- ja perekonnanimi (trükitähtedega) ning isikukood/sünnikuupäev* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **VASTUS** (*Täidab labor*): | | | | | | | | | | | | | | | Proovimaterjal: | | | | | | | | | | | Adekvaatne | | | | | | | Mitteadekvaatne | | | | | | | | | | | | | | | | | Tulemus: | | | | | | | | | | | |
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| **Hinnakood:** |  | |  |
| Laborant (nimi, allkiri): |  | Kuupäev: |  |
| Arst(nimi, kood, allkiri): |  | Kuupäev: |  |