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| **Cito!** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | *Täidab labor* | | | | | | | | | | **UURINGU nr:** | | | | | | | | | | |  | | | | | | | | |
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| *NIMEKLEEPS* | | | | | | | | | | Saabus laborisse (kuupäev, kellaaeg): | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **PATSIENT** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | **TELLIJA** | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| Eesnimi: | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Eesnimi: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Perekonnanimi: | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | Perekonnanimi: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Isikukood: | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Raviasutus/osakond: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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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, varasemad uuringud) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | Sõeluuring | | | | | |
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| Günekoloogilised andmed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |  | |  | | | | | |
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| **UURIMISMATERJAL** | | | | | | | | | | | | | | | | | | | | **Materjali võtmise aeg** (kuupäev, kellaaeg): | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **Võtmise viis:** | | | | | | | Biopsia | | | | | | | | | | | | **Fiksatsioon:** | | | | | | | | | Formaliin | | | | | | | | | | | Fikseerimata | | | | | | | | |  | | **Väljalõige** (*Täidab labor*): Arst: | | | | | | | | | | |
| Peennõelbiopsia | | | | | | | Operatsioon | | | | | | | | | | | | Muu: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
| Abrasioon | | | | | | | Muu: | | | | | |  | | | | | |  | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | |
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| **Paige (lokalisatsioon) ja tükkide arv:** | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | |  | | | | | | | | | | |
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| **VASTUS** (*Täidab labor*): | | | | | | | | Proovimaterjal: | | | | | | | | | | | | | | Adekvaatne | | | | | | | | | | | Mitteadekvaatne | | | | | | | | | | |  | | | | | |  | | | | | | | | | | |
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| **Hinnakood:** |  | |  |
| Laborant (nimi, allkiri): |  | Kuupäev: |  |
| Arst(nimi, kood, allkiri): |  | Kuupäev: |  |