

# 病毒檢查單

姓名 \_\_\_\_\_ 病歷號碼: \_\_\_\_\_

--	--	--	--	--	--	--	--

日期 \_\_\_\_\_ 急診 門診 病床號 \_\_\_\_\_  
醫師 \_\_\_\_\_ 健保 自費

臨床診斷: \_\_\_\_\_

※檢體別:  Blood  Urine  CSF 採檢日: \_\_\_\_\_

<input type="checkbox"/> 0801 HBs Ag <input type="checkbox"/> 0802 Anti-HBs <input type="checkbox"/> 0803 Anti-HBc <input type="checkbox"/> 0804 HBe Ag <input type="checkbox"/> 0805 Anti HBe <input type="checkbox"/> 0808 Anti HBc IgM <input type="checkbox"/> 0827 Anti-HCV <input type="checkbox"/> 07060 Anti-HDV* <input type="checkbox"/> 0807 Anti-HAV IgM* <input type="checkbox"/> 0833 Anti-HAV <input type="checkbox"/> 0826 HIV Ag/Ab <input type="checkbox"/> 0826D HIV Ag/Ab (CDC 計劃) <input type="checkbox"/> 0826N HIV (新生兒快速篩檢) <input type="checkbox"/> 0826P HIV Ag/Ab (健保產檢) <input type="checkbox"/> 0826S HIV Ag/Ab (急產婦專用) <input type="checkbox"/> 0834 HIV-I Ab(W.B)* <input type="checkbox"/> 0835 HIV viral load test*  <input type="checkbox"/> 0806 Stool Rota Virus <input type="checkbox"/> 0809 Rubella IgG <input type="checkbox"/> 0810 Rubella IgM * <input type="checkbox"/> 0811 CMV IgG * <input type="checkbox"/> 0812 CMV IgM * <input type="checkbox"/> 0813 Toxoplasma IgG * <input type="checkbox"/> 0842 Toxoplasma IgM* <input type="checkbox"/> 0814 HSV I&II IgG * <input type="checkbox"/> 0843 HSV I&II IgM* <input type="checkbox"/> 0816 EB-V.C.A. IgM EB * <input type="checkbox"/> 0817 EB-V.C.A. IgG EB* <input type="checkbox"/> 0818 EB-V.C.A. IgA EB * <input type="checkbox"/> 0822 Measles IgG* <input type="checkbox"/> 0823 Measles IgM* <input type="checkbox"/> 0824 Mumps IgG* <input type="checkbox"/> 0861 Mump IgM * <input type="checkbox"/> 0825 TORCH IgG Panel* <input type="checkbox"/> 0844 TORCH IgM Panel* <input type="checkbox"/> 0828 V.zoster IgG* <input type="checkbox"/> 0829 V.Zoster IgM * <input type="checkbox"/> 0849 RSV Ag <input type="checkbox"/> 0862 Anti-HTLV-I/HTLV-II* <input type="checkbox"/> 0864 Influenza A+B Ag <input type="checkbox"/> 0870 Dengue NSI Ag(自費) <input type="checkbox"/> 0870A Dengue NSI Ag(公費)	<p style="text-align: center; color: blue; font-weight: bold;">分生檢測 (PCR)</p> <input type="checkbox"/> 0840 HBV DNA* <input type="checkbox"/> 0840A HBV DNA(自費) * <input type="checkbox"/> 0841 HCV RNA* <input type="checkbox"/> 0841A HCV RNA(自費)* <input type="checkbox"/> 0839 HCV genotyping*  <input type="checkbox"/> 0836 HBV-YMDD* <input type="checkbox"/> 0838 HBV genotyping* <input type="checkbox"/> 0845 HSV PCR* <input type="checkbox"/> 0846 CMV PCR* <input type="checkbox"/> 0847 EBV PCR* <input type="checkbox"/> 0848 CMV PCR(定量)* <input type="checkbox"/> 0867 HPV DNA Hi Risk Genotype* <input type="checkbox"/> 0869 BKV DNA 定量*  <p style="text-align: center; color: blue; font-weight: bold;">病毒培養(Isolation and identification)</p> <input type="checkbox"/> VC001 Virus culture(Urine)* <input type="checkbox"/> VC002 Virus culture(Blood)* <input type="checkbox"/> VC003 Virus culture(CSF)* <input type="checkbox"/> VC004 Virus culture(Stool)* <input type="checkbox"/> VC005 Virus culture(Anal/Rectal )* <input type="checkbox"/> VC006 Virus culture(Nasal )* <input type="checkbox"/> VC007 Virus culture(Throat )* <input type="checkbox"/> VC008 Virus culture(Nasopharyneal)* <input type="checkbox"/> VC009 Virus culture(Sputum- trach. Asp)* <input type="checkbox"/> VC010 Virus culture(Sputum)* <input type="checkbox"/> VC011 Virus culture(BAL)* <input type="checkbox"/> VC012 Virus culture(Bronchial)* <input type="checkbox"/> VC013 Virus culture(Bronchial brush)* <input type="checkbox"/> VC014 Virus culture(Trachea)* <input type="checkbox"/> VC015 Virus culture(Eye)* <input type="checkbox"/> VC016 Virus culture(Tissue)* <input type="checkbox"/> VC099 Virus culture(Other)* <input type="checkbox"/> VC101 CMV Shell vial culture (Throat)* <input type="checkbox"/> VC102 CMV Shell vial culture (Rectal)* <input type="checkbox"/> VC103 CMV Shell vial culture (Urine)* <input type="checkbox"/> VC104 CMV Shell vial culture (Blood)* <input type="checkbox"/> VC105 CMV Shell vial culture (Sputum)* <input type="checkbox"/> VC106 CMV Shell vial culture (Nasal)* <input type="checkbox"/> VC199 CMV Shell vial culture (Other)* <input type="checkbox"/> VC201 FLU Shell vial culture (Throat)* <input type="checkbox"/> VC202 FLU Shell vial culture (Sputum)* <input type="checkbox"/> VC203 FLU Shell vial culture (Nasal)* <input type="checkbox"/> VC299 FLU Shell vial culture (Other)*
---	--

Reporting Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Examiner \_\_\_\_\_

批價人員 \_\_\_\_\_

※ 項目標 \* 表外送檢查。

嘉義基督教醫院 製 2018/7/4