

體液 / 染色檢查單

姓名 _____ 病歷號碼:

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 日期 _____ 急診 門診 病床號 _____
醫師 _____ 健保 一般

臨床診斷: _____ 採檢日: _____

<input type="checkbox"/> 0906 Routine exam of Sputum # Appearance: _____ Mucoid: _____ Bloody: _____ Purulent: _____ Cheesymass: _____ Crystal: _____ Elastic fibers: _____ Parasite Ova _____ ※LE cell <input type="checkbox"/> 3020A(腹水) <input type="checkbox"/> 0320P(胸包膜液或心包膜液) <input type="checkbox"/> 0320S(關節液) <input type="checkbox"/> 0320C(腦脊髓液)	<input type="checkbox"/> 0907 Routine exam of CSF # <input type="checkbox"/> 0916 Indian ink stain (CSF) _____ <input type="checkbox"/> 0908 Routine exam of Ascites # <input type="checkbox"/> 0909 Routine exam of Pleural/Pericardial <input type="checkbox"/> 0925 Synovial fluid exam <input type="checkbox"/> 0926 Crystal(Synovial) _____												
※其他染色檢查 <input type="checkbox"/> <input type="checkbox"/> 0901 Gram's stain Bacteria _____ _____ WBC _____ E.P cell _____ Others _____ * Comment: _____	* Specimen: <input type="checkbox"/>Adequate <input type="checkbox"/>Inadequate <input type="checkbox"/> <input type="checkbox"/> 0902 Acid fast stain _____ <input type="checkbox"/> 0903 Fungus stain (KOH) _____ <input type="checkbox"/> 0905 Gono smear _____												
請勾選檢體種類 <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 01 Sputum</td> <td><input type="checkbox"/> 04 Pus</td> <td><input type="checkbox"/> 07 Pleural</td> <td><input type="checkbox"/> 10Synovial</td> </tr> <tr> <td><input type="checkbox"/> 02 Bronchial</td> <td><input type="checkbox"/> 05 Eye</td> <td><input type="checkbox"/> 08 Pericardial</td> <td><input type="checkbox"/> 11 Other</td> </tr> <tr> <td><input type="checkbox"/> 03 CSF</td> <td><input type="checkbox"/> 06 Ascites</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> 01 Sputum	<input type="checkbox"/> 04 Pus	<input type="checkbox"/> 07 Pleural	<input type="checkbox"/> 10Synovial	<input type="checkbox"/> 02 Bronchial	<input type="checkbox"/> 05 Eye	<input type="checkbox"/> 08 Pericardial	<input type="checkbox"/> 11 Other	<input type="checkbox"/> 03 CSF	<input type="checkbox"/> 06 Ascites		
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Reporting Date ____/____/____ Examiner _____ 批價人員 _____

※ 雙欄位均打勾，表急件檢查。 義基督教醫院 製2018/7/4