



Medical Laboratory No. 8034 accredited by ČIA
according to ČSN EN ISO 15189:2013

Workplace address:
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IMMUNOLOGY TEST REQUISITION

Signature, Contact of the requesting clinician:	Sampling by:	Date / time of sampling:	Internal file ID:
	Sample received by:	Date / time of sample receipt in the lab.:	Sample ID:

PATIENT DETAILS

First Name:	Sex:	Home Address:
Last Name:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	Telephone Number:
Insurance Number:	Date of Birth:	E-mail:
Health Insurance Company:		Diagnosis:

	ANTIIPHOSPHOLIPID ANTIBODIES AGAINST	ANTIBODIES AGAINST	SEMEN ANALYSIS
Peripheral blood Vacuette - Z Serum Clot Activator (Red cap)	ph - serine IgG, IgM	Sperm	Motility, morphology, sperm concentration
Ovulation Mucus Capillary Tube	ph - ethanolamine IgG, IgM	Zona pellucida - oocyte	Spermogram
Ejaculate Sterile Test Tube - Red cap	ph - inositol IgG, IgM	Ovaries	Sperm Capacitation (AIH)
Peritoneal Fluid and Follicular Fluid Sterile Test Tube	phosphate acid IgG, IgM	EXAMINATION OF CERVICAL MUCUS	Duration of Sexual Abstinence (No. of days)
Other:	ph - glycerol IgG, IgM		INTRAACROSOMAL ENZYMES (HS8, HS14)
	cardiolipin IgG, IgM	Antibodies against sperm	ANTIBODIES AGAINST SPERM
	bbeta 2 - glycoprotein I, IgA, IgG	Kremer test	SPERM OXIDATIVE STRESS
	annexin V IgG, IgM	ADDITIONAL DATA AND NOTES	