



Medical Laboratory No. 8034 accredited by ČIA according to ČSN EN ISO 15189 ed. 3:2023

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 laboratory:	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:

SAMPLE TYPE / SAMPLING SYSTEM	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		Antibodies against sperm
	cardiolipin IgG, IgM	Kremer test	ANTIBODIES AGAINST SPERM
	beta 2 - glycoprotein I, IgA, IgG	ADDITIONAL DATA AND NOTES	
	annexin V		