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| Nazwa i adres laboratorium1)  | **ZLB-2****Zgłoszenie dodatniego wyniku badania w kierunku gruźlicy** | Adresaci:**Państwowy Powiatowy Inspektor Sanitarny** **w** ......................................................... |
| **Resortowy kod identyfikacyjny podmiotu leczniczego**2)Część I. Numer księgi rejestrowej

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Część II. TERYT siedziby

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Część VII. Komórka organizacyjna

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 | **Uwagi:**1) W przypadku dokumentu sporządzonego w postaci papierowej dane mogą być naniesione na dokument w formie pieczątki albo nadruku.2) Wypełnić zgodnie z rozporządzeniem Ministra Zdrowia z dnia 17 maja 2012 r. w sprawie systemu resortowych kodów identyfikacyjnych oraz szczegółowego sposobu ich nadawania (Dz. U. z 2019 r. poz. 173).3) Wypełnić w przypadku, gdy osobie nie nadano numeru PESEL, wpisując serię i numer paszportu albo nazwę i numer identyfikacyjny innego dokumentu, na podstawie którego jest możliwe ustalenie danych osobowych. |
| **I. WYNIK BADANIA** 1. Data uzyskania wyniku (dd/mm/rrrr)

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 2. Rozpoznane prątki chorobotwórcze: ………………………………………………………………………………………………………………….  3. Rodzaj badanej próbki / pobranego materiału diagnostycznego: …………………………………………………………………………………..  4. Metoda diagnostyczna:

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|  |  preparat bezpośredni  |  |  hodowla  |  |  badanie molekularne |  |  |  |  |
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|  | inne (wpisać jakie) ………………………………………………………….. ……............................................................................................................................................................................................................................................................... |  |  |  |
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| **II. Dane osoby, u której stwierdzono dodatni wynik badania w kierunku gruźlicy**1. Nazwisko

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2. Imię 3. Data urodzenia (dd/mm/rrrr) 4. Numer PESEL

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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5. Nazwa i numer identyfikacyjny dokumentu3)  6. Płeć (M, K) 7. Obywatelstwo

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Adres miejsca zamieszkania:8. Kod pocztowy 9. Miejscowość

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10. Województwo 11. Powiat 12. Gmina

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13. Ulica 14. Numer domu 15. Numer lokalu

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|  |  Brak danych w zakresie pkt 1–15 |  |   |  |  |  |  |

**III. DANE PODMIOTU LECZNICZEGO LUB OSOBY ZLECAJĄCEJ BADANIE:** 1. Nazwisko (lub nazwa podmiotu leczniczego)

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2. Imię (lub nazwa podmiotu leczniczego) 3. Numer prawa wykonywania zawodu

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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4. Nazwa komórki organizacyjnej zakładu leczniczego albo praktyki lekarskiej, w których wystawiono zlecenie lekarskie: ……………………………………………………………………………………………………………………………………………………………………………………..5. Numer telefonu

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 6. Kod pocztowy 7. Miejscowość

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 8. Ulica 9. Numer domu 10. Numer lokalu

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 |
| **IV. Inne informacje** 1. Data pobrania próbki (dd/mm/rrrr)

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2. Badana próbka pochodziła:

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|  | od pacjenta leczonego ambulatoryjnie  |

|  |  |
| --- | --- |
|  | od pacjenta hospitalizowanego, jeżeli tak, podać nazwę i adres szpitala: |

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|  |  |
| --- | --- |
|  | od pacjenta na jego zlecenie |

|  |  |
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|  | inne jakie: ………………………………………………………………… |

3. Powód wykonania badania

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|  |  diagnostyka kliniczna |  |  badanie pracownicze |  |  ciąża |  | przyjęcie do szpitala |
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|  |  inne badanie przesiewowe |  |  z własnej inicjatywy, bez zlecenia lekarskiego |  |  inny powód, jaki…………………....... |

 |
| **V. UWAGI** (w tym dodatkowe informacje istotne z punktu widzenia interpretacji uzyskanego dodatniego wyniku badania w kierunku biologicznych czynników chorobotwórczych): |
| **VI. Dane OSOBY zgłaszającej** (wpisać albo nanieść nadrukiem albo pieczątką)1. Imię i nazwisko ............................................................... 2. Numer prawa wykonywania zawodu: ...........................………. 3. Podpis ............................4. Telefon kontaktowy: ....................................................... 5. E-mail: ....................................................... |