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|  |  | **Adres:** | **Molengracht 21**  **4818 CK Breda** | |
|  |  | **Tel:**  **Fax:**  **Email:** | **076-595 30 33**  **076-595 38 38**  **palsecretariaat@amphia.nl** |

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| **BSN** |  |  | | | | | | | | |  |  | |  | | | |
| **PAT.NUMMER** | |  | | | | | | | | |  | |  | | | |
| **NAAM** | |  | | | | | | | | |  | |  | | | |
| **GESLACHT M/V** | |  | | | | | | | | |  | |  | | | |
| **ADRES** |  |  | | | | | | | | |  | |  | | | |
| **WOONPLAATS** |  |  | | | | | | | | |  | |  | | | |
| **GEB.DATUM** |  |  | | | | | | | | | PA-nummer |  | | | | |
| **VERZ. + NO.** |  |  | | | | | | | | |
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|  | | indien geen adressticker aanwezig, patiëntengegevens **volledig** invullen | | | | | | |  |
| **Aard materiaal** | | | **:** |  | | | | | | | | | | |  | |
|  | | |  |  | | | | | | | | | | |
| **Gevraagd onderzoek** | | | **:** |  | | | | | | | | | | |
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| **KLINISCHE GEGEVENS** | | | | | | | | | | | | | | | |
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| **Arts:** | | | | |  | **Kopie aan:** | | | | | | | | | |
|  | | | | |  |  | | | | | | | | | |
| **Telnr. :** | | | | |  | **Datum afname:** | | | | | | | | | |
| Na voltooiing van het laboratoriumonderzoek kan het resterende materiaal anoniem gebruikt worden voor wetenschappelijke doeleinden. U kunt hiertegen bezwaar maken. | | | | | | |  |  | | | | | | |