{SenderName}

{SenderDepartment}

{SenderStreet}

{SenderCity}

Würzburg, den {Date}

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | |  | | |
| **Untersuchungsbefund zu** **KL{LaboratoryNumber} - *Endbefund*** | | | | | | |
|  |  | | |  | | |
| Labor-Nr. des KLHI: | KL{LaboratoryNumber} | | |  | | |
| isoliert aus: | {SamplingLocation} | | |  | | |
| Datum der Materialentnahme: | {SamplingDate} | | |  | | |
| Datum des Materialeingangs: | {ReceivingDate} | | |  | | |
| Initialen / PLZ d. Patienten: | {Patient} | | |  | | |
| Geburtsdatum des Patienten: | {PatientBirthDate} | | |  | | |
| Labor-Nr. des Einsenders: | {SenderLaboratoryNumber} | | | |  | |
|  |  | | |  | | |
| **Keimidentifizierung und Typisierung** | | | |  | | | |
|  | | |  |  | | | |
| ***Identifizierung*** | | | ***{EvaluationString}*** | | | | |
| ***Faktorentest*** | | |  | | | | |
| ***Kultur*** | | |  | | | | |
| ***Gramverhalten*** | | |  | | | | |
| ***MALDI-TOF*** | | | |  | | --- | |  | | | | | |

Interpretation: Kein Nachweis von *Haemophilus influenzae*.

Mit freundlichen Grüßen

{Signer}{#HasCommentOrAnnouncement}

**{Announcement}**{#HasComment}

**Kommentar**: {Comment}{/HasComment}{/HasCommentOrAnnouncement}