{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} | |  | |