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| Приложение 64  к приказу Министерства  здравоохранения Донецкой  Народной Республики  06.06.2016 № 555 | | | | | | | | | | | | | | | | | | | | | | | | |
| Наименование министерства, другого органа исполнительной власти, предприятия, учреждения, организации, к сфере управления которого относится учреждение здравоохранения | | | | | | | | | | | |  | **МЕДИЦИНСКАЯ ДОКУМЕНТАЦИЯ** | | | | | | | | | | | |
| ФОРМА ПЕРВИЧНОЙ УЧЕТНОЙ ДОКУМЕНТАЦИИ | | | | | | | | | | | |
|  |  | | | | | | | | | | | **№ 263-1/у** | | | | | | | | | | | |
| Наименование и местонахождение (полный почтовый адрес) учреждения здравоохранения, в котором заполняется форма\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | **УТВЕРЖДЕНО** | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Лаборатория (название)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  | Приказом Министерства здравоохранения  Донецкой Народной Республики | | | | | | | | | | | |
| Идентификационный код | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | **№** |  |  |
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| **МОЛЕКУЛЯРНО-ГЕНЕТИЧЕСКИЙ АНАЛИЗ №** \_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (вид биологического материала)  «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ г.  (дата взятия биоматериала) | | | | | | | | | | | | | | | | | | | | | | | | |
| Ф.И.О.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Возраст\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Пол \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Наименование учреждения здравоохранения \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Врач, назначивший исследование \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Клинический диагноз\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  | | --- | --- | --- | --- | --- | | ГЕН/ПОЛИМОРФИЗМ | АЛЛЕЛЬ | | ГЕНОТИП ПАЦИЕНТА | ЗАКЛЮЧЕНИЕ | | «НЕЙТРАЛЬНЫЙ» | «РИСКА» | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_г. \_\_\_\_\_\_\_\_ Ф.И.О. врача-лаборанта\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (дата выдачи анализа)(подпись) | | | | | | | | | | | | | | | | | | | | | | | | |