

Einzeluntersuchungen

Virusnachweis

PCR/Nukleinsäurenachweis

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Adeno | <input type="checkbox"/> HSV 2 quant. | <input type="checkbox"/> Parainfluenza 1-3 |
| <input type="checkbox"/> CMV quant. | <input type="checkbox"/> Influenza A | <input type="checkbox"/> Parecho |
| <input type="checkbox"/> Corona | <input type="checkbox"/> Influenza B | <input type="checkbox"/> Parvo B 19 |
| <input type="checkbox"/> Dobrava | <input type="checkbox"/> Influenza A H5N1 | <input type="checkbox"/> Puumala |
| <input type="checkbox"/> EBV quant. | <input type="checkbox"/> JC, BK quant. | <input type="checkbox"/> Rhino |
| <input type="checkbox"/> Entero | <input type="checkbox"/> Masern | <input type="checkbox"/> Rota |
| <input type="checkbox"/> FSME | <input type="checkbox"/> MERS-Corona | <input type="checkbox"/> Röteln |
| <input type="checkbox"/> HHV 6 quant. | <input type="checkbox"/> Metapneumo | <input type="checkbox"/> RSV |
| <input type="checkbox"/> HHV 7 | <input type="checkbox"/> Mumps | <input type="checkbox"/> SARS-CoV-2 |
| <input type="checkbox"/> HHV 8 | <input type="checkbox"/> Noro | <input type="checkbox"/> TTV |
| <input type="checkbox"/> HSV 1 quant. | <input type="checkbox"/> Papilloma (high risk) | <input type="checkbox"/> VZV quant. |

Genotypisierung

- | | | |
|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> HHV6 A/B | <input type="checkbox"/> Masern | <input type="checkbox"/> Papilloma |
| <input type="checkbox"/> Rota | <input type="checkbox"/> Influenza | |

Virusisolierung

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> resp. Viren | <input type="checkbox"/> Ent, HSV, Adeno, VZV |
| <input type="checkbox"/> CMV | <input type="checkbox"/> Röteln, Masern |

Antigennachweis aus resp. Sekret

- | | | |
|--------------------------------|--|--|
| <input type="checkbox"/> Adeno | <input type="checkbox"/> Influenza A/B | <input type="checkbox"/> Parainfluenza 1-3 |
| <input type="checkbox"/> RSV | | |

Antigennachweis aus Stuhl

- | | | |
|--------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Astro | <input type="checkbox"/> Noro | <input type="checkbox"/> Rota, Adeno |
|--------------------------------|-------------------------------|--------------------------------------|

Resistenzbestimmung

- | | | |
|------------|---|----------------------------------|
| CMV: | <input type="checkbox"/> Gancyclovir | <input type="checkbox"/> andere: |
| HSV: | <input type="checkbox"/> Acyclovir | |
| VZV: | <input type="checkbox"/> Acyclovir | |
| Influenza: | <input type="checkbox"/> Neuraminidase-Hemmer | |

zelluläre Immunantwort

- | |
|---|
| <input type="checkbox"/> CMV (Na-Heparinblut) |
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Antikörpernachweis

- | | | | |
|-----------------------------------|-------------------------------------|--|--|
| Cytomegalie | <input type="checkbox"/> IgG | <input type="checkbox"/> IgM | <input type="checkbox"/> Aviditätstest |
| | <input type="checkbox"/> Immunoblot | | |
| EBV | <input type="checkbox"/> EBNA-IgG | <input type="checkbox"/> VCA-IgG | <input type="checkbox"/> VCA-IgM |
| | | <input type="checkbox"/> Aviditätstest | <input type="checkbox"/> NT |
| FSME | <input type="checkbox"/> IgG | <input type="checkbox"/> IgM | |
| Herpes simplex 1/2 | <input type="checkbox"/> IgG | <input type="checkbox"/> IgM | |
| Herpes simplex 1 | <input type="checkbox"/> IgG | | |
| Herpes simplex 2 | <input type="checkbox"/> IgG | | |
| HHV6 | <input type="checkbox"/> IgG | <input type="checkbox"/> IgM | |
| HHV7 | <input type="checkbox"/> IgG | | |
| HHV8 | <input type="checkbox"/> IgG | | |
| HTLV 1/2 | <input type="checkbox"/> IgG/M/A | | <input type="checkbox"/> Immunoblot |
| Masern | <input type="checkbox"/> NT | <input type="checkbox"/> IgG | <input type="checkbox"/> IgM |
| | | <input type="checkbox"/> Aviditätstest | |
| Mumps | <input type="checkbox"/> IgG | <input type="checkbox"/> IgM | |
| Parvo B 19 | <input type="checkbox"/> IgG | <input type="checkbox"/> IgM | <input type="checkbox"/> Immunoblot |
| Polio 1 und 3 | | | <input type="checkbox"/> NT |
| Puumala | <input type="checkbox"/> IgG | <input type="checkbox"/> IgM | |
| Dobrava/Hantaan | <input type="checkbox"/> IgG | <input type="checkbox"/> IgM | |
| Röteln | <input type="checkbox"/> IgG | <input type="checkbox"/> IgM | <input type="checkbox"/> Aviditätstest |
| | <input type="checkbox"/> Immunoblot | | |
| SARS-CoV-2 | <input type="checkbox"/> IgG | <input type="checkbox"/> IgM | <input type="checkbox"/> IgA |
| | <input type="checkbox"/> NT | <input type="checkbox"/> Immunoblot | |
| Tollwut – nur Immunitätskontrolle | | | <input type="checkbox"/> NT |
| VZV | <input type="checkbox"/> IgG | <input type="checkbox"/> IgM | <input type="checkbox"/> Aviditätstest |

EBV Spezialuntersuchungen

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|--|-------------------------------------|---|
| <input type="checkbox"/> EA-IgG | <input type="checkbox"/> Immunoblot | <input type="checkbox"/> VCA-IgG quant. |
| <input type="checkbox"/> EBNA-IgG quant. | <input type="checkbox"/> VCA-IgA | |

KBR - nur aus Serum

- | | | |
|---|---|---|
| <input type="checkbox"/> Adeno | <input type="checkbox"/> Influenza A | <input type="checkbox"/> Parainfluenza |
| <input type="checkbox"/> Coxsackie B | <input type="checkbox"/> Influenza B | <input type="checkbox"/> Rota |
| <input type="checkbox"/> Cytomegalie | <input type="checkbox"/> Masern | <input type="checkbox"/> RSV |
| <input type="checkbox"/> Entero | <input type="checkbox"/> Mumps | <input type="checkbox"/> Varicella Zoster |
| <input type="checkbox"/> Herpes simplex | <input type="checkbox"/> Mycoplasma pn. | |

Hepatitis

Telefonische Nachfragen unter 40160-65516

Untersuchungsblöcke

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| <input type="checkbox"/> Hepatitis A, B und C - HAV-Ak, (HAV-IgM-Ak); HBs-Ag, HBs-Ak, HBc-Ak; Hep C-Ak |
| <input type="checkbox"/> Hepatitis A - HAV-Ak, HAV-IgM-Ak |
| <input type="checkbox"/> Hepatitis B (Abklärung) - HBs-Ag, HBs-Ak, HBc-Ak |
| <input type="checkbox"/> Hepatitis B (Verlauf und Prognose) - HBs-Ag, HBe-Ag, HBe-Ak |
| <input type="checkbox"/> Hepatitis C - Hep C-Ak, Hep C-RNA |

Resistenzbestimmung Hepatitis

- | | | | | |
|--------------------------------------|--------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Hepatitis B | Hepatitis C: | <input type="checkbox"/> NS3-Gen | <input type="checkbox"/> NS5A-Gen | <input type="checkbox"/> NS5B-Gen |
|--------------------------------------|--------------|----------------------------------|-----------------------------------|-----------------------------------|
- antivirale Substanz:
bisherige Therapie:

Genotypisierung

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|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Hepatitis E |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|

Hepatitis C

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|--|--------------------------------------|
| <input type="checkbox"/> IL28B-Polymorphismus | <input type="checkbox"/> IP-10 ELISA |
| <input type="checkbox"/> zelluläre Immunantwort (Na-Heparinblut) | |

Einzeluntersuchungen

- | | |
|---|--|
| <input type="checkbox"/> HAV-Ak | <input type="checkbox"/> HAV-Ak-quant. |
| <input type="checkbox"/> HAV-IgM-Ak | |
| <input type="checkbox"/> HBs-Ak | <input type="checkbox"/> HBs-Ak-quant. |
| <input type="checkbox"/> HBc-Ak | <input type="checkbox"/> HBc-IgM-Ak |
| <input type="checkbox"/> HBe-Ak | |
| <input type="checkbox"/> Hep-C-Ak | <input type="checkbox"/> Hep-C Bestätigungstest Immunoblot |
| <input type="checkbox"/> Hep-D-Ak (Delta) | |
| <input type="checkbox"/> Hep-E-IgG-Ak | <input type="checkbox"/> Hep-E-IgM-Ak |

Antigennachweis

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|---------------------------------|--|---------------------------------|
| <input type="checkbox"/> HBs-Ag | <input type="checkbox"/> HBs-Ag quant. | <input type="checkbox"/> HBe-Ag |
|---------------------------------|--|---------------------------------|

Nukleinsäurenachweis (PCR)

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|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> HAV-qual. | <input type="checkbox"/> HCV-qual. | <input type="checkbox"/> HEV-qual. |
| <input type="checkbox"/> HBV-qual. | <input type="checkbox"/> HCV-quant. | <input type="checkbox"/> HGV-qual. |
| <input type="checkbox"/> HBV-quant. | <input type="checkbox"/> HDV-quant. | |

HIV-Infektion

Telefonische Nachfragen unter 40160 DW 65511 (Serologie), DW 65523 (PCR)

Antikörper-/Antigennachweis

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| <input type="checkbox"/> HIV 1/2 Ag/Ak ELISA |
| <input type="checkbox"/> HIV-1/2 Antikörper ELISA |
| <input type="checkbox"/> HIV-1/2 Antikörper Immunoblot |
| <input type="checkbox"/> p24-Antigen ELISA |

Virusnukleinsäurenachweis EDTA-Blut

- | | |
|--------------|--|
| HIV-1 | <input type="checkbox"/> RNA-PCR (VNS) qual. |
| | <input type="checkbox"/> RNA-PCR (VNS) quant. (viral load) |
| HIV-2 | <input type="checkbox"/> RNA-PCR (VNS) |

Genetische Marker

- | |
|---|
| <input type="checkbox"/> CCR-5 Bestimmung |
|---|

Resistenzbestimmung EDTA-Blut

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|---|
| <input type="checkbox"/> Analyse des HIV-1 Reverse Transkriptase Gens |
| <input type="checkbox"/> Analyse des HIV-1 Protease Gens |
| <input type="checkbox"/> zusätzlich Sub-Typisierung aus pol-Gen |
| <input type="checkbox"/> Analyse des HIV-1 Integrase Gen |
| <input type="checkbox"/> Analyse des HIV-1 Tropismus (CCR5 / CXCR4) |
| <input type="checkbox"/> weitere Resistenzanalysen |

In den letzten Monaten verabreichte Anti-HIV Therapeutika:

- | |
|--|
| <input type="checkbox"/> noch nie Anti-HIV Therapie bekommen |
| <input type="checkbox"/> keine Therapie in den letzten Monaten |

Therapie: