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|  | Pieczątka komórki organizacyjnej | | | |  |  |  |  |  |  |  |  |  |
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|  |  | **Ewidencja udostępnionych bloczków parafinowych,** | | | | | | | | | | |  |
|  |  | **preparatów histopatologicznych i cytologicznych** | | | | | | | | | | |  |
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|  |  |  |  |  |  |  |  |  | **Rok…………………………** | | |  |  |
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|  | | |  | | | | | **INSTRUKCJA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | |  |
|  | | | **do wypełniania Ewidencji udostępnionych bloczków parafinowych,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |  |
|  | | |  | | | | | **preparatów histopatologicznych i cytologicznych** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | |  |
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|  | | | Kolumna 1 – numer kolejny pacjenta w księdze. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | |  |
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|  | | | Kolumna 2 – imię (imiona) i nazwisko pacjenta, adres jego miejsca zamieszkania oraz numer PESEL (w przypadku noworodka należy wpisać | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | |  | | | | | numer PESEL matki, a w przypadku osób, które nie mają nadanego numeru PESEL − rodzaj i numer dokumentu potwierdzającego tożsamość). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | Kolumna 3 – data urodzenia pacjenta. | | | | | | | | | | | | | | | |  |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | | | |  | | |  |
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|  | | | Kolumna 4 – oznaczenie płci pacjenta. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | |  |
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|  | | | Kolumna 5 – imię (imiona) i nazwisko przedstawiciela ustawowego oraz adres jego miejsca zamieszkania (należy uzupełnić w przypadku gdy pacjentem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | |  | | | | | jest osoba małoletnia, całkowicie ubezwłasnowolniona lub niezdolna do świadomego wyrażania zgody). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | Kolumna 6 – data wypożyczenia materiału. | | | | | | | | | | | | | | | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | | | |  | | |  |
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|  | | | Kolumna 7 – numer wypożyczanego bloczka parafinowego, preparatu histopatologicznego lub preparatu cytologicznego. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |  |
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|  | | | Kolumna 8 – rodzaj wypożyczonego materiału (tj. bloczek parafinowy, preparat histopatologiczny, preparat cytologiczny). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |  |
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|  | | | Kolumna 9 – imię i nazwisko lekarza, który ustalił wynik badania patomorfologicznego. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | |  |
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|  | | | Kolumna 10 – imię i nazwisko lekarza patomorfologa decydującego o udostępnieniu bloczka parafinowego, preparatu histopatologicznego | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | |  | | | | | lub cytologicznego wnioskodawcy. | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | | | | |  | | |  |
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|  | | | Kolumna 11 – nazwa podmiotu, któremu udostępniono w/w materiały. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | Kolumna 12 – czytelny podpis osoby, której przekazano wnioskowany materiał. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
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|  | | | Kolumna 13 – data zwrotu materiału. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
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|  | | | Kolumna 14 – podpis pracownika Zakładu Patomorfologii, który przyjął materiał po zrealizowaniu celu udostępnienia. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | Kolumna 15 – uwagi. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | Załącznikami do niniejszej Ewidencji są: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | 1) wnioski o udostępnienie bloczków parafinowych i/ lub preparatów histopatologicznych/ cytologicznych | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | 2) upoważnienia do składania wniosku i odbioru materiału z Zakładu Patomorfologii - w przypadku wypożyczenia w/w materiałów osobie upoważnionej przez pacjenta. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Lp. | Imię (imiona) i nazwisko pacjenta oraz adres jego miejsca zamieszkania | | | | | | | | | | | | | | Data urodzenia pacjenta | | Płeć | Imię (imiona) i nazwisko przedstawiciela ustawowego pacjenta oraz adres jego miejsca zamieszkania | | | Data wypożyczenia materiału | Numer bloczka parafinowego/ preparatu histop./ cytolog. | | Rodzaj wypożycz. materiału | | | Imię i nazwisko lekarza, który określił rozpoznanie patomorf. | | | Imię i nazwisko lekarza udostęp. materiał | | | Nazwa podmiotu, któremu udostępniono materiał | | | Czytelny podpis osoby, której wydano materiał | | | Data zwrotu materiału | | | Podpis pracownika pracowni | | Uwagi | | |
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| Lp. | Imię (imiona) i nazwisko pacjenta oraz adres jego miejsca zamieszkania | | | | | | | | | | | | | | Data urodzenia pacjenta | | Płeć | Imię (imiona) i nazwisko przedstawiciela ustawowego pacjenta oraz adres jego miejsca zamieszkania | | | Data wypożyczenia materiału | Numer bloczka parafinowego/ preparatu histop./ cytolog. | | Rodzaj wypożycz. materiału | | Imię i nazwisko lekarza, który określił rozpoznanie patomorf. | | | Imię i nazwisko lekarza udostęp. materiał | | | Nazwa podmiotu, któremu udostępniono materiał | | | Czytelny podpis osoby, której wydano materiał | | | Data zwrotu | | | Podpis pracownika pracowni | | Uwagi | | |
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| Numer PESEL pacjenta | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | 3 | | 4 | 5 | | | 6 | 7 | | 8 | | 9 | | | 10 | | | 11 | | | 12 | | | 13 | | | 14 | | 15 | | |
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