



# REQUEST FORM FOR MICROBIOLOGICAL EXAMINATION (SELF-PAYER)



GHC GENETICS

## PATIENT

Name and surname

Male

Female

Adress

Birth no./Insurance no.

Phone number

Email

Diagnosis

Week of pregnancy

Patient label/Doctor's stamp

Date of first symptoms

Clinical comment

## SAMPLE TYPE

- Blood (B)    Swab (S)   Urethral    Cervical    Rectal    Throat    Vaginal    Nose/nasopharynx
- Urine    Other material (O) - In agreement with the laboratory    Perifer blood in EDTA (molecular genetics) (PB)

## INFECTIOUS DISEASES - PACKAGES

Test name	Performed examinations	Sample	Price
<input type="checkbox"/> STD VAGINAL	Gardnerella vaginalis, Candida albicans	S	800 CZK
<input type="checkbox"/> STD BASIC	HIV, Treponema pallidum (Syphilis), Hepatitis C	B	1 250 CZK
<input type="checkbox"/> STD STANDARD	Chlamydia trachomatis, Neisseria gonorrhoeae (Gonorrhoea), Mycoplasma genitalium, Trichomonas vaginalis, Mycoplasma hominis, Ureaplasma urealyticum, Ureaplasma parvum	S	1 700 CZK
<input type="checkbox"/> STD COMPLEX	HSV (herpes simplex virus), Chlamydia trachomatis, Neisseria gonorrhoeae (Gonorrhoea), Mycoplasma genitalium, Trichomonas vaginalis, Mycoplasma hominis, Ureaplasma urealyticum, Ureaplasma parvum, HPV (human papillomavirus)	S	2 250 CZK
<input type="checkbox"/> STD PREMIUM	HIV, Treponema pallidum (Syphilis), Hepatitis C, HPV (Human papillomavirus), HSV (herpes simplex virus), Chlamydia trachomatis, Neisseria gonorrhoeae (Gonorrhoea), Mycoplasma genitalium, Trichomonas vaginalis, Mycoplasma hominis, Ureaplasma urealyticum, Ureaplasma parvum	B + S	2 950 CZK
<input type="checkbox"/> STD PREMIUM 2v1	STD PREMIUM + throat swab, rectal and urethral/cervical swab (two arbitrary swabs)	B + S	4 450 CZK
<input type="checkbox"/> STD PREMIUM 3v1	STD PREMIUM + throat swab, rectal and urethral/cervical swab	B + S	5 950 CZK
<input type="checkbox"/> TORCH	CMV, EBV, HSV1/2, Rubella, Toxoplasma gondii	B	4 000 CZK
<input type="checkbox"/> TORCH PLUS	CMV, EBV, HSV1/2, Rubella, Toxoplasma gondii, VZV, Parvovirus B19	B	5 400 CZK

## SEROLOGY

<input type="checkbox"/> Hepatitis A	Anti HAV total	B	400 CZK
<input type="checkbox"/> Hepatitis B	HbsAg, anti HBs, anti HBc	B	1 025 CZK
<input type="checkbox"/> Hepatitis C	anti HCV	B	360 CZK
<input type="checkbox"/> Hepatitis Antibodies A+B	Anti HBs, anti HAV total	B	750 CZK
<input type="checkbox"/> Syphilis	Anti + RPR	B	435 CZK
<input type="checkbox"/> HIV	Anti + P24	B	350 CZK
<input type="checkbox"/> Chlamydia trachomatis (IgA + IgG)	Determination of antibodies	B	980 CZK
<input type="checkbox"/> Toxoplasmosis (IgM + IgG)	Determination of antibodies	B	2 000 CZK
<input type="checkbox"/> Parvovirus (IgM + IgG)	<input type="checkbox"/> IgM    350CZK*	B	600 CZK
	<input type="checkbox"/> IgG    350CZK*		
<input type="checkbox"/> HSV (IgM + IgG)	<input type="checkbox"/> IgM    360CZK*	B	680 CZK
	<input type="checkbox"/> IgG    360CZK*		

\*In case of selective choice of antibody type

## MOLECULAR BIOLOGY

Test name	Performed examinations	Sample	Price
<input type="checkbox"/> HSV 1+2	Herpes Simplex Virus 1 a Herpes Simplex Virus 2	S	1 400 CZK
<input type="checkbox"/> HIV	PCR	PB	1 900 CZK
<input type="checkbox"/> HPV	18 high-risk types and 12 low-risk types	S	1 700 CZK
<input type="checkbox"/> Chlamydia trachomatis Neisseria gonorrhoeae (kapavka)	PCR	S	1 500 CZK
<input type="checkbox"/> Gardnerella vaginalis	PCR	S	600 CZK
<input type="checkbox"/> Candida albicans	PCR	S	600 CZK
<input type="checkbox"/> Haemophilus ducreyi	PCR	S	1 100 CZK
<input type="checkbox"/> Streptococcus agalactiae (GBS)	PCR	S	1 100 CZK
<input type="checkbox"/> Respiratory panel	(SARS CoV2, Influenza A, Influenza B, RSV)	S	1 390 CZK
<input type="checkbox"/> Bordetella pertussis, Bordetella parapertussis	PCR	S	1 190 CZK
<input type="checkbox"/> SARS CoV 2	PCR	S	800 CZK
<input type="checkbox"/> Mycoplasma pneumoniae	PCR	S	1 100 CZK
<input type="checkbox"/> Chlamydia pneumoniae	PCR	S	1 100 CZK

## OTHER EXAMINATIONS - CULTURE

<input type="checkbox"/> Antibiotic resistance	(Ureoplasma spp., Mycoplasma hominis)	S	600 CZK
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## ADDITIONAL SERVICES

<input type="checkbox"/> International certificate	Issuance of the INTERNATIONAL CERTIFICATE FOR THE PRESENCE OF HIV ANTIBODIES	190 CZK
<input type="checkbox"/> Express result within 24 hours	Applies to all of the above examinations	1 500 CZK
<input type="checkbox"/> Other clinical material	In consultation with a doctor	1 500 CZK

Date and time of collection

Date and time of receipt

Request form number  
(completed by the laboratory)



**3-5 ml of clotting  
blood is required  
for serological  
testing**

### INFORMING THE CLIENT ABOUT THE PRICE OF THE MEDICAL PROCEDURE

The self-payer was advised by the health care professional of the cost of the medical procedure and voluntarily chose to have the procedure performed. The client declares that he/she has been advised that in some cases the procedure may also be covered by public health insurance and the client requests the provision of the procedure for direct reimbursement. The client agrees to pay the requested amount for the medical procedure within 14 days of signing the request form. The examination will be performed after receipt of payment to the bank account, the tax document will be sent to the client's address, by e-mail, or collect it in person.

#### PAYMENT

A) **bank transfer** to the account number 1990237/0100 (VS: request form number),  
IBAN: CZ53 0100 0000 0000 0199 0237, SWIFT: KOMBCZPP

B) **In cash** at the reception (in person at the registered office)

**GHC GENETICS, s.r.o.**

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Zdravotnická laboratoř č. 8124 akreditovaná ČIA podle ČSN EN ISO 15189:2013. Rozsah akreditace na [www.ghcgenetics.cz](http://www.ghcgenetics.cz)



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