

**Registration for PCD Diagnostics**

Patient (label preferred)  
(name, date of birth, address)

For infants/children:  
Name/address of parents/legal representatives

Name and address of assigning person

Telephone for possible queries

**Clinical symptoms/information:**

- Chronic wet cough  no  yes
- Chronic rhinitis  no  yes
- Recurrent otitis media  no  yes
- Recurrent respiratory infections  no  yes
- Neonatal respiratory distress  no  yes
- Situs anomalies  no  yes, \_\_\_\_\_ (please specify)
- nNO measurement  no  yes, \_\_\_\_\_ (please indicate values)
- Additional notes (e.g. family history, co-morbidity etc.):

**Mandate:**

- Nasal brushing performed by us; analysis incl. all required examinations (cell culture, HSVM, IF, ev. TEM) for PCD diagnostics
- Nasal brushing performed by allocator and sent to us; analysis incl. all required examinations (cell culture, HSVM, IF, ev. TEM) for PCD diagnostics
- Only specific examinations:  IF  HSVM  cell culture  TEM

**Information about the sample:**

Date of brushing:

Time of brushing:

Number of Brushes:

Location of Brushing:

Remarks (e.g. about special extraction site, bleeding, nasal medication, atopy etc.):

**Signature**

**Stamp**