Addis Ababa City Administration Health Bureau Lemi kura
Sub City Woreda 02 Health Center Laboratory

PARASITOLOGY REQUESTING AND REPORTING FORMAT

Document No: [illegible]	
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Version [illegible]	EFFECTIVE DATE Sep 01,2021

…e Adanech Tamene Age 26 Sex F Card no. 478928

…an Ayantu Sing [signature] OPD NO 6 Date 9/10/17

…f Draw ______ Collected By ______ Time of dispatch to test ______

…e By ______ IQC Result ______ (Pass or Fail) Remark ______

…G WILL NOT BE PERFORMED UNLESS A REQUEST FORM IS COMPLETELY FILLED OUT.PLEASE FILL CLEARLY FOR ACCURACY

STOOL …EXAMINATION	Normal Value	RESULT	REMARKS
…ite	No/h/p/seen		
…rance		Urine	
…ia		hCG	
…lim		Negative	
…e	No/h/p/seen	for	
…tain		pregnancy	
…TAIN			
…ount			
…ink …ration			

City of Addis Ababa Administration Limi Kura Sub-City Wereda 02 Health Center

…e by ______ date of report ______ sign ______

…roved by ______ Sign ______ Date ______

…est done ______ Time of dispatch ______

…nal suggestion ______

… suggestion ______