

Addis Ababa City Administration Health Bureau Lemmi Kura
Sub City Woreda 02 Health Center Laboratory

PARASITOLOGY REQUESTING AND REPORTING
FORMAT

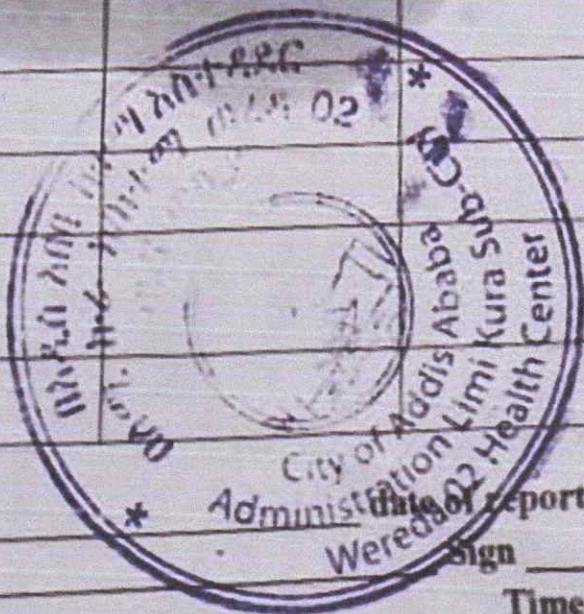
Document No. H. K. ADDP/01/01/01/01/01	REV. No.
Copy No. 1/01	EFFECTIVE DATE Sep 01 2021
Version 001	

Name Adenew Tamzen Age 26 Sex F Card no. 478728
In Ayantu Sing Yes OPD NO 6 Date 9/10/21
Draw _____ Collected By _____ Time of dispatch to test _____
By _____ IQC Result _____ (Pass or Fail) Remark _____

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

STOOL EXAMINATION	Normal Value	RESULT	REMARKS
Color	No/h/p/seen		
Consistency			
Occult blood			
Parasites			
Trichinellosis			
Other			
Remarks			

Urine HCG
Negative
for pregnancy



By _____ Date of report _____ Sign _____
Approved by _____ Date _____
Test done _____ Time of dispatch _____
Final suggestion _____
Suggestion _____