1U 45-50. 523405

	Addis Ababa City Administration Health Bureau **Lemi kura Sub City Meri Health Center Laboratory**	Document No: LKMHCL/LRC/F5.4-	
		Copy No:01	Ver. No: 02
	LABORATORY TEST REQUEST FORM	Page No: 1 of 1	Effective Date: Sep.01/2014EC

Testing will not be performed unless a request form is completely filled out. Pleas fill clearly for accuracy use laboratory hand book.

Outpatient ☐ Inpatient ☐ Urgent ☐

Etsub

PARASITOLOGYICAL and Urinalysis test

Patient Name Esleda	Card No 093438	PHS. Name 4:290
Sex F	Diagnosis	Sign
Age 30	Date 06/10/14	OPD No

Lab test	Result Chemical	Result SI Unit	Ref. Range chemical	Microscopic examination		Ref. Range microscopic		TAT		Interpretation of result
								in	out	
URINE ANALYSIS	Test		Test	D/M	Test result	M	F			
SPECIMON URINE										
Color			yellow	WBC		0-2/HPF	0-5/HPF			
Appearance			Clear	RBC		0-2/HPF	0-4/HPF			
Chemical				Epithelial cell		0-3/HPF	3-5/HPF			
PH			5-8	Bacteria						
Sp.gravity			1.005-1.025	Yeast cell						
Blood		Erth/ul	Neg	Parasite						
Bilirubin		Mg/dl	Neg	Casts						
Urobilinogen		Umol/l	Neg	Crystals						
Ketone		Mg/dl	Neg	Other						
Glucose		Mg/dl	Neg	PARASITOLOGICAL		**SPECIMON STOOL**				
Protein		Mg/dl	Neg	Consistency Appearance Mucous						Ref. Range microscopic
Nitrite		UTI	Neg	OVA of parasite						Negative
Leukocyte		Leu/ul	Neg	WBC						Negative
Pregnanct test (HCG)	Negative		Neg	RBC						Negative
Blood film (BF)			Neg	H.pylori stool						Negative
				Occult blood						Negative

SAMPLE COLLECTED BY..........................**DATE**............**SIGNATURE**..........**TIME** 3:55

Name Lab Tech........Hige........**DATE** 6/10/17 **SIGNATURE**........

LAB. TECCOMMENTS..

RESULT Checked & verified BY..................**SIGNATURE**..................**TIME COMPELLATION** 9:02

A.A City Government ... Sub-City ... Health Office