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Geda Health Center

Laboratory Request Form

Date _____

Name Tizita Ashagre

Age 27 Sex F

Department _____ MRN _____

Hematology

- ☐ B/F _____
- ☐ Hgb _____
- ☐ WBC _____
- ☐ ESR _____
- ☐ Deff N__L__M__E ____
- ☐ B/G _____ RH _____
- ☐ FBS _____
- ☐ RBS _____

Urine

- Alb
- Glu
- Bili
- Urobili
- Keton
- Blood
- Nitrite
- PH
- SG

☐ Microscopic

_____

_____

_____

Serological Test

- ☐ Widal O _____
  H _____
- ☐ Wel Fliex _____
- ☐ VDRL _____
- ☐ HCG Test _____ NR
- ☐ AFB X2

Stool Exam

Ppearance

Micros

Bacteriological Test

- ☐ Gr/s _____
- ☐ Wet Mount _____
- ☐ H.Pyloriy _____
- ☐ HB Ags _____

Resuested By _____ Guysa Shemsalawan Senior Health Officer

ReportedBy _____