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Logo 	Company Name: ወንጅ ሸዋ ስኳር ፋብሪካ WONJI/SHOA SUGAR FACTORY	Form No.: OF/WSSF/HO/058
Form Title: Laboratory request and report form		Issue No: 1
		Page No: Page 1 of 1

Patient Name Rewda Xpura Sex F Age 36 Address _____
 MRN 971/25 Ordering Physician [Signature] Department _____

HEMATOLOGY		REFERENCE RANGE	ELECTROLYTES	REFERENCE RANGE	MICROBIOLOGY	Reference range
CBC			Na	136-145 mmol/l	AFB	
WBC		5-10 x10 ³ /μl	k	3.5-5.5mmol/L	1	
DIFF	N	30-80 %	CL	98-107mmol/L	2	
	Mid	3-16 %	Serology tests		Gram stain	
	L	14-53%			KOH	
Hgb _____ g/dl		12-16 g/dl	HCV			
Hct _____ %		36-42 %	VDRL		THYROID TESTS	
RBC _____		3.5-5.5 x10 ⁶ /μl	Widal SO		FT3	3.1-6.8 pmol/L
Platelet _____		150-400 x10 ³ /μl	SH		FT4	10.3-24.5pmol/L
ESR _____		0-20 mm/hr	Weilflex(OX19)		T3	0.9-2.8nmol/L
MCV		72-80 fl	<u>HCG</u>	<u>Not done</u>	T4	5.0-12.0μg/dL
MCH		27-33 pg	ASO		TSH	0.5-4.1 mU/L
MCHC		33-36 g/dl	RF		CARDIAC MARKER	
MPV		4-15 fl	HIV		CK	30-308 u/l
RDW-CV		10-17 %	H-PYLORI		Myoglobin	25-72 ng/mL
IMMUNO-HEMATOLOGY			o STOOL		CK-MB	0-25 u/l
Blood group and Rh			o SERUM		Troponin	0-0.04 ng/dl
Cross-match			URINALYSIS		PARASITOLOGY	
CHEMISTRY TESTS			CHEMICAL		STOOL TEST	
FBS/RBS		75-110 mg/dl	Appearance		Consistency _____	
HBA1c		4.8-5.9 %	SG		Microscopy _____	
Albumin		3.5-5.2 g/dl	Protein		Blood film _____	
ALT/GPT		0-41 u/l	Sugar		PARASITOLOGY	
AST/GOT		0-40 u/l	ketone			
ALP		40-129 u/l	Bilirubin			
Bilirubin (D)		0-0.2 mg/dl	Urobilinogen			
Bilirubin(T)		0-1.2 mg/dl	Blood			
BUN/UREA		15-50 mg/dl	Leucocyte			
Creatinine		0.7-1.2 mg/dl	Nitrate			
Uric acid		3-4-7.0 mg/dl	PH			
Total protein		6.6-8.7 g/dl	Others			
Triglycerides		0-150 mg/dl	Microscopy			
Cholesterol		0-200 mg/dl	WBC _____/HPF			
HDL-C		0-55 mg/dl	RBC _____/HPF			
LDL-C		0-100 mg/dl	CAST _____/HPF			

☒ Reported By: _____ Date _____ Sig. _____
☒ Approved By: _____ Date _____ sig _____

