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ZAD MEDIUM CLINIC

Laboratory Request Form

Patient Name: <u>seba siras</u>	Card No.	Lab No.
Age: <u>25</u>	Date: <u>15/06/17</u>	Requested By
Sex: <u>F</u>	Address	Diagnosis

CBC	H.Pylori Stool Ag	RFT (Urea/Creatinine)	TG	TCHOL			
	VDRL	LFT(SGOT/SGPT/AIPBILT, BILD)	HDL	LDL			
Blood Grp & Rh	HBs Ag	HCVab	Uric acid	FBS/RBS	B/F	ESR	PICT=
Widal O	KOH						RF
H							
Weilfelix							

URINE ANALYSIS	Result	Microscopy	Result	STOOL	RESULT
Chemical		Epi. Cells		Consistency	
Bilirubin		WBC			
Urobilinogen		RBC		Pus Cell	
Ketone		Casts		RBC	
Glucose				O/P	
Protein		Bacteria			
Blood					
Nitrite		Other			
PH					
Sp.Gr					
Leukocytes					
HCG					
<u>Serum HCG</u>	<u>Negative.</u>				

Requested by [Signature] date: 15/06/17
Reported by [Signature] date:

AL KABA
ORIEGN EMPLOY
AGENT

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በህግ አገልግሎት ይጠይቃል።

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ወ/ሮ አዜብ ሻውል ገ/መስቀል /ተወካይ/



AL KABA AGENCY

ADDIS ABABA, ETHIOPIA YEKI SUB-CITY WOREDA