Ethio-Scandic
HEALTH-CARE SERVICES

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ETHIO-SCANDIC INTERNAL MEDICINE SPECIALITY CLINIC

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Tel +251-11-6-680474 /+2519029222/ +251930031317.

PAID

LABORATORY TEST REQUEST FORM

Pt. Name: Bereket. Melese Age: ____ Sex: ___ Card No. _____

Phys .Name & Sign. _____ TAT: _____ Log in time: _____ Log out time: _____

CLINICAL CHEMISTRY	URINALYSIS	SEROLOGY
Type of Test	Color:	Widal H:
FBS/RBS	Appearance:	O:
SGOT/AST	PH:	Weilfelix:
SGPT/ALT	Sp.Gravity :	HBsAg:
ALP	Protein:	HCV:
Bilirubin(T)	Glucose:	ASO:
Bilirubin (D)	Ketone:	RF:
Total protein	Bilirubin:	VDRL /RPR:
Albumin	Urobilinogen:	H.Pylori Ag :
BUN/Urea	Blood:	H.pylori ab:
Creatinine	Nitrite:	HIV ab :
Cholesterol	Leukocyte:	RDT :
Triglyceride	Microscopic	Serum HCG: Negative
HDL	Epit. Cells:	**BACTERIOLOGY**
LDL	RBC:	KOH:
Uric acid	WBC:	Gram Stain:
Amylase	Casts:	Wet mount:
Lipase	Crystals:	Skin snip:
LDH	Urine HCG:	Culture & Sensitivity:
HEMATOLOGY	**STOOL EXAMINATION**	**HORMONAL ASSAY**
CBC	Color:	Type of test
ESR:	Consistency:	Estadiol:
		FSH:
Blood Group & Rh:		LH:
Periph. Morp:	Occult Blood :	Prolacin:
		Progesteron:
Comb's test :	**ELECTROLYTE PANEL**	Testosterone
	Type of test	Beta HCG
Blood film :	Sodium	**COAGULATION**
	Potassium	Type of test
	Chloride	PT
	Calcium	PTT:
	Magnesium	INR:

Reported by: _____ Sign: _____ Date: 22-8-17

Reviewed by: _____ Sign: _____ Date: _____