Dabe Soloka Medium Clinic
Laboratory Request Form

Card No. ______

PT' S Name Hana Birhanu Age 30 Sex F Date 28/9/17

Hematology
ESR ______
Diff.C.N ______ I __ %
M ____ %E ____ %B ____
Hgh/Hct ______
Blood group/Rh ______

WBC ______
RBS/FBS ______
Others ______
Stool Examination

Consistency ______
Ova parasite ______
Concentration ______
H. Pylory ______
Other ______
Requested by ______

urinalysis
physical ______
Chemical
Protein ______
Glucose ______
Ketone ______

Bilirubin ______

Blood ______
Uroblinagene ______
Microscope ______
Leukocytes ______
PH ______
HCG Negative
OTHERS ______

Serology
VDRL/RPR ______
Widal H: ______
O: ______
Weil flex ______
HBS Ag ______
HIV/PICHT ______
HCS AG ______
Others ______
Bacteriology
AFB ______
Gram Stain ______
Wet Film ______
KoH ______
Others ______

Reported by ______ Date ______

Kilinika G/Galeessaa Daabee Sollogee 0912-22-1607 0917-41027