ADONAY MEDICAL MEDIUM CLINIC

0912392362 / 0921050576

Laboratory request form

Patient's Name Meseret Arega Card No. _____
Age 27 Sex F
Diagnosis _____
Patients Signature _____ Date _____

Hematology		Urinalysis		Serology	
FBS/RBS					
WBC				Widal Test	
DIFF N.....%L..... E....%M.....% B.....%		Appearance		STH STO Wel Felix OX19	
Hgb		Sp gravity		R.F	
Het		pH		H.pylori	
Blood Group		Albumin		Uric Acid	
ESR...mm/hr		Glucose		HBS Ag	
Blood Film		Ketone		HCV	
Blood Morphology		Nitrite		ASO	
				cholestrol	
RBC		Bilirubin		Bacteriology	
Stool Test		Urebilinogen		Sample	
Consistency		Blood		KOH	
O/P		Leukocyte		Gram Stain	
		Microscopy		Wt film	
		Epithelial cell		AFB	
Concentration		RBC		1st	
Occult Blood		WBC		2nd	
Pus Cell		Casts		3rd	
RBC		Crystals		VDRL	
Bacteria		Bacteria			
		HCG Test			

Pro.sign and name .....
Lab/Technician Name Mendesse Signature _____
Date 28/10/14