

LABORATORY MAIN REQUEST

Name Etenesh Berele Age F Card No. 059220
Dr. /Sr _____ Date 28/05/2017

WBC		Haematocrit		Stool test	
Diff. Count		Haemoglobin		Urine test	<u>HCG Negative</u>
☐ Neutrophiles		VDRL		☐ Protein	
☐ Bands		Haemoparasite		☐ Glucose	
☐ Lymphocytes		Blood group		☐ Acetone	
☐ Monocytes		RH Factor		☐ Urobilinogin	
☐ Eosinophiles		Widal		☐ Bilirubin	
☐ Basophiles		Weil Felix		☐ Microscopy	
BUN		Coombs Test		Vaginal discharge	
Creatinine		Bilirubin		☐ Gram stain	
ESR		Total		☐ KOH	
FBS		Direct		☐ Wet mount	
SGOT		Uric Acid			
SGPT					

Reported by _____ Date _____ sig. [Signature]

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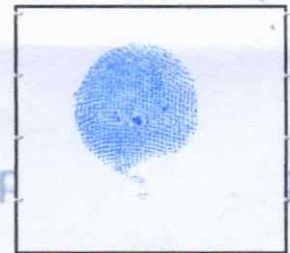
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