

ADONIA MEDIUM CLINIC

Laboratory Test Request Form

Holera: - 0913720449

MG
EMPLOYMENT
ENT PLC

24/07/2017

Patient details

Name: MSTU Dabo
Address: _____
Telephone number: _____
Age: 20 Gender: Male Female
Sample taken from the p/t Date / / Time

Sample details:

☐ Blood ☐ Urine ☐ Swab ☐ Tissue
☐ Faces ☐ Sputum ☐ Fluids ☐ Cytology
Other, namely: _____

Examination requested:

Microbiology	result	SEROLOGY	result
URINE URINALYSIS		WWF	SH
			SO
			OX19
Leukocyte		HCV	
Nitrites		HBsAg	
Blood		HIV sero scf	
Glucose		VDRL/ RPR	
Albumin/protein		RF	
Urobilinogen		Malaria RDT	
Bilirubin		HEMATOLOGY	
sp.gravity		ESR	
Ketone		WBC WITH DEF	
P.H		HGB	
		ABO/RH	
pregnancy /HCG		RBS	
URINE MICROSCOPIC		CBC TEST	
KOH		PT	Total bilirubin
Vaginal discharge		PTT	DBL
Wet mount		INR	T3
Gram stain		Coagulation time	T4
AFB STAIN		PSA	TSH
STOOL EXAMINATION			CRP
H. pylori Ag test		CARDIAC TROPONIN	HGAIC
			BETA hcg

DATE 26/10/2017 Requester's signature: _____

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