



# HOSPITALA BAATI

74 UHITTA Boti Hospital

Requested by \_\_\_\_\_

Patient Name Phumbe Pedant Age 36 yrs Sex F

Bed Patient ☐ OPD Patient ☐ Sample Sq ID \_\_\_\_\_

Room - \_\_\_\_\_

Card No \_\_\_\_\_

Clinical Data \_\_\_\_\_

Date 29/6/20

Collection Date \_\_\_\_\_

Collection Time \_\_\_\_\_

Collected by (Initial) \_\_\_\_\_

Clinical Chemistry	HEMATOLOGY	SEROLOGY	LIQUID BASED CYTOLOGY(PAP)	URINALYSIS
<input type="checkbox"/> ALT/GPT	<input type="checkbox"/> CBC	<input type="checkbox"/> H.Pyruv. Ab	<input type="checkbox"/> FNAC	<input type="checkbox"/> Color
<input type="checkbox"/> AST/GOT	<input type="checkbox"/> Hemoglobin	<input type="checkbox"/> H.Pyruv. Stool Ag	<input type="checkbox"/> Biopsy	<input type="checkbox"/> PH
<input type="checkbox"/> Alk Phosphate	<input type="checkbox"/> Hematocrit	<input type="checkbox"/> HBS Ag(Anti) Ag	<input type="checkbox"/> PAP Collection	<input type="checkbox"/> Specific Gravity
<input type="checkbox"/> Bilirubin(T)	<input type="checkbox"/> Reticulocytes	<input type="checkbox"/> HBS Ag(Etiol)	<input type="checkbox"/> CSF	<input type="checkbox"/> Blood
<input type="checkbox"/> Bilirubin(D)	<input type="checkbox"/> RBC	<input type="checkbox"/> HCV(Device)	<input type="checkbox"/> Other	<input type="checkbox"/> Glucose
<input type="checkbox"/> T-Cholesterol	<input type="checkbox"/> Platelet Count	<input type="checkbox"/> HBe Ag	<input type="checkbox"/> IMMUNOASSAY	<input type="checkbox"/> Ketones
<input type="checkbox"/> Triglyceride	<input type="checkbox"/> Leukocytes	<input type="checkbox"/> Pict	<input type="checkbox"/> T3	<input type="checkbox"/> Nitrite
<input type="checkbox"/> HDL-C	<input type="checkbox"/> Neutrophils%	<input type="checkbox"/> Rheumatoid Factor	<input type="checkbox"/> T4	<input type="checkbox"/> Protein
<input type="checkbox"/> LDL-C	<input type="checkbox"/> Eosinophils%	<input type="checkbox"/> RPR	<input type="checkbox"/> TSH	<input type="checkbox"/> Bilirubin
<input type="checkbox"/> LDH	<input type="checkbox"/> Basophils %	<input type="checkbox"/> PSA	<input type="checkbox"/> Free T3	<input type="checkbox"/> Leukocytes
<input type="checkbox"/> BUN	<input type="checkbox"/> Lymphocytes %	<input type="checkbox"/> Widal	<input type="checkbox"/> Free T4	<input type="checkbox"/> Urobilinogen
<input type="checkbox"/> Creatinine	<input type="checkbox"/> Monocytes %	<input type="checkbox"/> Weil Felix	<input type="checkbox"/> Other	<input type="checkbox"/> Bacteria
<input type="checkbox"/> Glucose FBS	<input type="checkbox"/> ESR	<input type="checkbox"/> A.S.O	<input type="checkbox"/> ANEMIA	<input type="checkbox"/> Epithelial cell
<input type="checkbox"/> RBS	<input type="checkbox"/> HbA1C	<input type="checkbox"/> TOXO Plasma IgG	<input type="checkbox"/> Ferritin	<input type="checkbox"/> RBC/HPF
<input type="checkbox"/> Uric Acid	<input type="checkbox"/> ABO With RH Factor	<input type="checkbox"/> TOXO Plasma IgG	<input type="checkbox"/> Folate	<input type="checkbox"/> WBC/HPF
<input type="checkbox"/> Amylase	<input type="checkbox"/> Direct Coomb's Test	<input type="checkbox"/> CRP	<input type="checkbox"/> RBC Folate	<input type="checkbox"/> Casts
<input type="checkbox"/> Total Protein	<input type="checkbox"/> In Direct Coomb's Test	<input type="checkbox"/> ANA(SLE)	<input type="checkbox"/> Vitamin B12	<input type="checkbox"/> Calciunoxalate
<input type="checkbox"/> Albumin	<input type="checkbox"/> Per Blood morphology	<input type="checkbox"/> Brucella AB	<input type="checkbox"/> Other	<input type="checkbox"/> HCG(Pregnancy Test)
<input type="checkbox"/> Calcium	<input type="checkbox"/> P.T	<input type="checkbox"/> INFECTIOUS DISEASEL		<input type="checkbox"/> Microbiology
<input type="checkbox"/> LDH	<input type="checkbox"/> P.T.T	<input type="checkbox"/> Anti HAV/IgM		<input type="checkbox"/> Gram's stain
<input type="checkbox"/> OGTT	<input type="checkbox"/> INR	<input type="checkbox"/> Anti HBC/IgM		<input type="checkbox"/> KOH
<input type="checkbox"/> Lipase	<input type="checkbox"/> Fibrinogen	<input type="checkbox"/> Anti -HBe		<input type="checkbox"/> Wet Mount
<input type="checkbox"/> CK/CPK	<input type="checkbox"/> Cross Mach	<input type="checkbox"/> Anti -HCV		<input type="checkbox"/> Indian Ink
<input type="checkbox"/> TIBC	<input type="checkbox"/> Other	<input type="checkbox"/> HIVAB/Ag		<input type="checkbox"/> SPUTUM/AFB 1-2
<input type="checkbox"/> Iron	<input type="checkbox"/> FERTILITY/HORMONS	<input type="checkbox"/> TUMORMARKER		<input type="checkbox"/> CULTURE & SENSITIVITY
<input type="checkbox"/> Globulin	<input type="checkbox"/> LH	<input type="checkbox"/> AFP		<input type="checkbox"/> PARASITOLOGY
<input type="checkbox"/> Other	<input type="checkbox"/> FSH	<input type="checkbox"/> CEA		<input type="checkbox"/> Appearance
<input type="checkbox"/> ELECTROLYTE	<input type="checkbox"/> Prolactin	<input type="checkbox"/> CA125		<input type="checkbox"/> Consistency
<input type="checkbox"/> Sodium	<input type="checkbox"/> Estradiol	<input type="checkbox"/> CA 15-3		<input type="checkbox"/> Plus
<input type="checkbox"/> Potassium	<input type="checkbox"/> Cortisol	<input type="checkbox"/> CA 19-9		<input type="checkbox"/> Mucous
<input type="checkbox"/> Chloride	<input type="checkbox"/> Testosterone	<input type="checkbox"/> PSA Total		<input type="checkbox"/> Bacteria
<input type="checkbox"/> Magnesium	<input type="checkbox"/> B-HCG SERUM	<input type="checkbox"/> CK-MB		<input type="checkbox"/> Rbc
<input type="checkbox"/> Calcium	<input type="checkbox"/> PRL	<input type="checkbox"/> CARDIACMARKER		<input type="checkbox"/> Direct Microscopy
<input type="checkbox"/> Ionized Cal	<input type="checkbox"/> Insulin	<input type="checkbox"/> Troponin		<input type="checkbox"/> Concentration
<input type="checkbox"/> Tota (Total Cal)	<input type="checkbox"/> Other	<input type="checkbox"/> Microalbumin		<input type="checkbox"/> Occult Blood
<input type="checkbox"/> PHENOLOUS		<input type="checkbox"/> D-Dimer		<input type="checkbox"/> Hemoparasites/Blood Film
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Specify Suspected/oxum or parasite

Lab.Tech Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_