

SEEMS MEDIUM CLINIC

Laboratory Request

Name Kemerye Osman sex F Date 1/8/17
 Clinical Date 1/8/17 Age 24 cared No _____
 Physician [Signature] Address [Signature] OPD No _____
 Ward _____

Parasitological	Microbiological	Urinalysis	Hematology
B/f	Widal	Nitrite	Hgb/HcT
	Wel-Flex	Protein	Blood Group
	H-pylori	Blood	Diffc
	RPR/VDRL	Ketone	N _____ E _____
	HCG	Gw case	L _____ B _____
Stool Exam	HBS Ag	Microscopic exam	M _____
	RF	Chemistry test	ESR
	FBS/RBS		CBC

Negative

Other _____
 Price _____
 Technician initial _____
 Date of Report 1/8/17