0175577 50

SHOA ALEMTENA HEALTH CENTER

0222 21 02 00

Date 04/11/17

Laboratory Request Form

Card No. 54501

Patient Name Mahider Wolde Age 30 Sex F Address

HEMATOLOGY	SEROLOGY
☐ B/F	☐ VDRL
☐ WBC	☐ Widal
☐ Differencial	☐ Weilfelix
☐ N%L.....%M.....%E.....%B.....%	☐ HBsAg
☐ HGB	☐ PICT
☐ HCT	☐ H-pylori
☐ ESR	☐ HCG Negative
☐ Blood Group /RH/	☐ RF
☐ RBC Morphology	☐ Aso
	MYCOLOGY
URINALYSIS	☐ KOH
☐ Appearance /Color/	
☐ Protein	**BACTERIOLOGY**
☐ Glucose	☐ Gramstain
☐ Ketone	
☐ Bilirubin	
☐ Urobilinogen	
☐ Blood	**CHEMISTRY**
☐ Nitrite	☐ FBS
☐ Leukocyte	☐ RBS
MICROSCOPY	**STOOL EXAM**
☐ Epith Cells	**APP:**
☐ WBC	**MIC:**
☐ RBC	
☐ Cast	
☐ Other	

Requested by Dimen

Reported by Abeni