DILFEKAR MEDIUM CLINIC

Date 3/05/17

LABORATORY REQUEST FORM

Card No. .....

Name Hawa A/ Rehman ..... Age 23 Sex F....

Physician Name .....

HEMATOLOGY		CHEMISTRY	
CBC		LFT	
ESR		SGOT	Up to 37u/11
Peripheral Morphology		SGPT	Up to 37u/1
Blood Group		ALP	66-306m/l
Blood film		Bill Direct	0.0.5 mg/dl
Hgb		Bill Total	0-1.0 mg/dl
PARASITOLOGY			
Stool Exam		RFT	
Consistancy		BUN / UREA	10-50—mg/dl
Occult Blood		Creatining	0.5 - 1.1 mg/dl
		Uric Acid	2.4—7 mg/dl
SEROLOGY		RBS/FBS	
VDRL _____		Lipid Profile	
Widal O_____		Trig	10 - 200mg/dl
H _____		Total chol	10 - 200mg/dl
Weilflex ox19 _____		LDL C	30 - 65 mg/dl
HBS Ag & Hcg		HDL C	100 - 250
CRP			
ASO		URINALYSIS	
RH Factor		Color	
H.Pylori		PH _____SG _____	
PIHCT		Protien	
		Glucose	
BACTERIOLOGY		Ketone	
Wel Mount		Bilirubin	
Gram Stain		Urobin	
AFB		Blood	
		Leukocyle	
		Nitre	
		Microscopy	
		WBCs _____/	
		RBCs _____/	
		HCG _____/ Negative	

Lab. No. .....

Date of report .....

Signature ....