



Maya Medium Clinic/ማያ መካከለኛ ሊኒክ/

022-334-13-89/09-16-66-56-09



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Laboratory request and report form

Patient's Full Name Etagegneu Abera Age 35 Sex F Date 29/07/2017 MRN 12006

Request

Report

1. Urine HCG Test..... Negative
2. Urine Dipstick Test.....
3. Widal Test O" & H" Antigen.....
4. Serum Weillflex Test.....
5. H. Pylori Test by serum.....
6. H. Pylori Test by stool.....
7. VDRL /RPR Test
8. RBS or FBS.....
9. HBs Ag serum test.....
10. HCV Test.....
11. B/G A", B" and Rh. (Anti-D)
12. Stool Examination.....
13. Urine Microscopic Examination.....
14. PIHCT
15. CBC.....
16. Liver panel.....
17. Renal panel
18. Lipid panel.....
19. Electrolyte panel.....
20. Rheumatoid Factor.....
21. Hgb/Hct
22. KOH
23. RDT.....
24. AFB stain
25. ESR.....
26. Malaria Test/BF.....



Requested by..... Sign Reported by..... Sign