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AL-INAYA MEDIUM CLINIC
الغاية عيادة الوسطى
0907344436 / 0910 20 5766



AL KABA
MEGNA EMPLOYMENT
AGENT

الكابا

Laboratory Request Form

Patient Name: <u>Redest Zeleke</u>	Card No.	Lab No.
Age: <u>28</u>	Date: <u>09/10/17</u>	Requested By
Sex: <u>F</u>	Address	Diagnosis

CBC	H.Pylori Stool Ag	RFT (Urea/Creatinine)	TG	TCHOL
	VDRL	LFT(SGOT/SGPT/AIPBILT, BILD)	HDL	LDL
Blood Grp & Rh	HBs Ag	HCVab	Uric acid	FBS/RBS
Widal O	KOH		B/F	ESR
H				ESR
Weilfelix				ESR

7106/2005

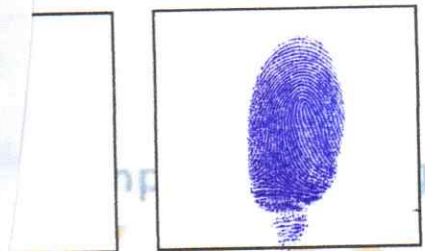
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በስያ ቁጥር _____ አድራሻ _____

URINE ANALYSIS	Result	Microscopy	Result	STOOL	RESULT
Chemical		Epi. Cells		Consistency	
Bilirubin		WBC			
Urobilinogen		RBC			
Ketone		Casts			
Glucose					
Protein					
Blood		Bacteria			
Nitrite					
PH		Other			
Sp.Gr					
Leukocytes					
HCG	<u>negative</u>				
Serum HCG					



Requested by [Signature] date: 09/10/17
Reported by _____ date: _____

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ወ/ሮ አዜብ ሻውል ገ/መስቀል /ተወካይ/