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AL-INAYA MEDIUM CLINIC

العناية عيادة الوسطى

0907344436 / 0910 20 5766

Laboratory Request Form

Patient Name: Kedest Zewdu	Card No.	Lab No.
Age: 28	Date 04/10/17	Requested By
Sex: F	Address	Diagnosis

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

URINE ANALYSIS	Result	Microscopy	Result	STOOL	RESULT
Chemical		Epi. Cells		Consistency	
Bilrubin		WBC			
Urobilinogen		RBC		Pus Cell	
Ketone		Casts			
Glucose				RBC	
Protein					
Blood		Bacteria		O/P	
Nitrite					
PH					
Sp.Gr		Other			
Leukocytes					
HCG	negative				
Serum HCG					

Requested by ______ date:
Reported by ______ date: 09/10/17

AL KABA
IEGN EMPLOYME
AGENT

الكابة

7/06/2025

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ቅቅ ተገቢና አሳማኝ ባልሆነ መከንያት

ቢያ ቁጥር ______ አድራሻ

ሊሳራ ልከፍል ተስማምቼ ፈርሚያለሁ።
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ቀጽ በንኡስ አንቀጽ 1 ያወጣውን ወጪ

ሊሳራውን በህግ አገባብ ይጠይቃል።

ዋስ

KABA

ወ/ሮ አዜብ ሻውል ገ/መስቀል /ተወካይ/