

FAMILY MEDIUM CLINIC

tel = 0938368958

Laboratory Request

Patient's Name

F. yerusalem-pavolos Age *28* sex *F*

HEMATOLOGY		URINE ANALYSIS		SEROLOGY	
CBC		Colour		VDRL/RPP	
WBC		Appearance		Widal H/O	
Diff-N		pH		Weil Felix OX19	
M		SG		HBsAg	
Hgb		Protein		HCVAb	
Hct		Glucose		CRP	
RBC		Ketone		ASO	
ESR		Bilirubin		RF	
Platelets		Urobilinogen		H.pylori (serum)	
Blood group & RH		Blood		PITC	
HgbA1c		MICROSCOPE		BACTERIOLOGY	
		Epit. cells		AFB	
		WBC		Gram stain	
		RBC		Others	
Consistency				RBS	
O/p				FBS	
H.pylori (stool Ag) / serum					
Occult Blood					
BT					

HCG test - Negative

Reported by

sign date

