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ZAD MEDIUM CLINIC

Laboratory Request Form

Patient Name: <u>Tigst Kebede</u>	Card No.	Lab No.
Age: <u>35</u>	Date: <u>29/10/17</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	B/F	ESR	PICT=
Widal O	KOH						RF
H							
Weilfelix							

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

Requested by: [Signature] date: 29/10/17
 Reported by: [Signature] date: _____

