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EWNET MEDIUM CLINIC
TEL:- 0922768675/0988578377

Laboratory Requisition Form Date: 9/5/17

Name Zebebe Kedir Age 28 Card Number _____

Gender ☐ Male ☐ Female

Hematology	Serology
☐ CBC	☐ Widal test
☐ WBC with diff	☐ Weilfelix test
☐ N.....%	☐ HBSAg
☐ L.....%	☐ HCVAB
☐ M.....%	☐ PIHCT
☐ B.....%	☐ VDRL
☐ Hgb	☐ RDT
☐ HCT	☐ CRP
☐ Platelet	☐ RF
☐ ESR	☐ ASO Titer
☐ Blood group	☐ H.pyloriab
☐ Indirect Combs Test	**Urine Analysis**
☐ Cross match	☐ Dipstick
☐ Blood Film	☐ PH
☐ Peripheral morphology	☐ Specific Gravity
Coagulation Profile	☐ Protein
☐ PT	☐ Glucose
☐ APTT	☐ Keton
☐ INR	☐ Blood
Bacteriology & Parasitology	☐ Leukocytes
☐ Stool Examination	☐ Urobilinogen
☐ Ova/para	☐ Bilirubin
	☐ Nitrate
☐ H.Pylori Ag	**Microscopy Examination**
☐ Occult blood	☐ WBC/HPF
☐ Gram stain	☐ RBC/HPF
☐ AFB Sputum 1.	☐ EPith
☐ 2.	
☐ KOH	☐ Urine HCG
	☐ Other -Serum HCG Negative

Requested by _____

Date _____

Reported by _____

Date _____

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