RAIY MEDIUM CLINIC

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☎022 111 81 42 0911 75 64 23/0911 03 2527

LABORATORY REQUEST FORMAT

Name Tsehay Ergicho Age 35 Sex F Card No _____ Date 19/9/2017

HEMATOLOGY	STOOL TEST
☐ Blood Film	☐ Consistency
	☐ O/P
☐ WBC	
Diff. N ____ %L ____ %E ____	
☐ %M ____ %B ____ %	
☐ Hgb	
☐ Hct	
☐ ESR	☐ Pus. Cells
☐ Blood Group RH	☐ RBC
☐ Platelets	☐ Concentration
	☐ Occult Blood
SEROLOGY	BACTELOLOGY
☐ Widal H	☐ KOH
	☐ Gram Stain
☐ Well Felix	☐ Wet Film
☐ HBSAg	☐ AFB 1
☐ H. Payori test	2
☐ VDRL	3
☐ ASO	☐ Culture
☐ Rheumatoid Factor	
☐ HIV	

URINALYSIS	CHEMISTRY	RESULTS	NORMAL V
☐ Color	☐ FBS/RBS		
☐ Appearance	☐ SGOT		
☐ PH Leukocyte	☐ SGPT		
☐ SG	☐ Alkalin Phosphatase		
☐ Protein	☐ Bilirubin (Total)		
☐ Glucose	☐ Bilirubin (Direct)		
☐ Ketone	☐ Urea		
☐ Bilirubin	☐ Creatinine		
☐ Urobilinogen	☐ Uric Acid		
☐ Blood	☐ Total Protein		
MICROSCOPY	☐ Triglycerides		
☐ Epit Cells	☐ Cholesetrol Total		
☐ WBC	Others		
☐ RBC			
☐ Casts			
☐ HCG Test	Negative for HCG		

Requested by _____ Reported by _____ Date 19/9/2017

24 ሰዓት አገልግሎት 24 Hours Service

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