

Sample# _____

URGENT

Contact Person _____

Please tick number supplied ()

Tel Fax Cell

PATIENT INFORMATION (Please Print)

Name (Surname, First): _____

Patient Address: _____

City: _____ State: _____

Tel: _____ Mobile: _____

Email: _____ Patient ID#: _____

Date of Birth: DD MM YY Male Female

Billing Information (Please select at least one)
 Patient Billing Insurance Billing
 Physician Account Other _____

ORDERING PHYSICIAN/HOSPITAL

Physician Name: _____

Address: _____

City: _____ State: _____

Tel: _____ Mobile: _____

Fax: _____ Email: _____

Physician's signature: _____

NMA#: _____

Company or Hospital Name: _____

RELEVANT CLINICAL DATA:

OTHER TESTS:

CHEMISTRY

- | | |
|---|--|
| 1000 <input type="checkbox"/> Acetaminophen | 1025 <input type="checkbox"/> Potassium |
| 1001 <input type="checkbox"/> Albumin | 1026 <input type="checkbox"/> Lactate |
| 1002 <input type="checkbox"/> Alcohol | 1027 <input type="checkbox"/> Lactate Dehydrogenase |
| 1003 <input type="checkbox"/> Alkaline Phosphatase | 1028 <input type="checkbox"/> Lipase |
| 1004 <input type="checkbox"/> Alanine Aminotransferase | 1029 <input type="checkbox"/> Lithium |
| 1005 <input type="checkbox"/> Ammonia | 1030 <input type="checkbox"/> Magnesium |
| 1006 <input type="checkbox"/> Amylase | 1031 <input type="checkbox"/> Sodium |
| 1007 <input type="checkbox"/> Aminotransferase | 1032 <input type="checkbox"/> Phenobarbital |
| 1008 <input type="checkbox"/> Unconjugated/Conjugated Bilirubin | 1033 <input type="checkbox"/> Phenotoin |
| 1009 <input type="checkbox"/> Urea Nitrogen | 1034 <input type="checkbox"/> Phosphorus |
| 1010 <input type="checkbox"/> Calcium | 1035 <input type="checkbox"/> CSF Protein |
| 1011 <input type="checkbox"/> Carbamazepine | 1036 <input type="checkbox"/> Salicylate |
| 1012 <input type="checkbox"/> Cholinesterase | 1037 <input type="checkbox"/> Theophylline |
| 1013 <input type="checkbox"/> Cholesterol/HDL | 1038 <input type="checkbox"/> Total Bilirubin |
| 1014 <input type="checkbox"/> Direct HDL | 1039 <input type="checkbox"/> Total Protein |
| 1015 <input type="checkbox"/> Creatine Kinase | 1040 <input type="checkbox"/> Triglyceride |
| 1016 <input type="checkbox"/> Creatine Kinase MB | 1041 <input type="checkbox"/> Uric Acid |
| 1017 <input type="checkbox"/> Chloride | 1042 <input type="checkbox"/> Urine Protein |
| 1018 <input type="checkbox"/> Creatinine | 1129 <input type="checkbox"/> Lipid Profile |
| 1019 <input type="checkbox"/> C-Reactive protein | 1130 <input type="checkbox"/> Kidney Profile |
| 1020 <input type="checkbox"/> Digoxin | 1131 <input type="checkbox"/> Liver Function Profile |
| 1021 <input type="checkbox"/> Carbon Dioxide | 1059 <input type="checkbox"/> Blood Gases |
| 1022 <input type="checkbox"/> Iron/Total Iron Binding Capacity | 1060 <input type="checkbox"/> Blood Electrolyte |
| 1023 <input type="checkbox"/> Gamma Glutamyl Transferase | _____ |
| 1024 <input type="checkbox"/> Glucose | _____ |

HEMATOLOGY

- | | |
|---|--|
| 1043 <input type="checkbox"/> CBC Auto Diff. | 1056 <input type="checkbox"/> Prothrombin time |
| 1044 <input type="checkbox"/> Haemoglobin | 1057 <input type="checkbox"/> ESR |
| 1045 <input type="checkbox"/> Hematocrit | 1141 <input type="checkbox"/> Antenatal Screen |
| 1046 <input type="checkbox"/> WBC | _____ |
| 1047 <input type="checkbox"/> Platelet | _____ |
| 1048 <input type="checkbox"/> Manual Diff | _____ |
| 1049 <input type="checkbox"/> Sickle Cell Screen | _____ |
| 1050 <input type="checkbox"/> Full Haemogram | _____ |
| 1051 <input type="checkbox"/> PCV | _____ |
| 1053 <input type="checkbox"/> Reticulocytes Count | _____ |

ANEMIA ASSAYS

- | | |
|---|-------|
| 1094 <input type="checkbox"/> Vitamin B12 | _____ |
| 1095 <input type="checkbox"/> Folate | _____ |
| 1096 <input type="checkbox"/> Ferritin | _____ |

SEROLOGY

- | | |
|---|---|
| 1097 <input type="checkbox"/> Rubella IgG | 1103 <input type="checkbox"/> Mumps IgG |
| 1099 <input type="checkbox"/> Toxoplasma gondii IgG | 1104 <input type="checkbox"/> Varicella Zoster IgG |
| 1100 <input type="checkbox"/> Toxoplasma gondii IgM | 1105 <input type="checkbox"/> Lyme IgG and IgM |
| 1101 <input type="checkbox"/> Cytomegalovirus IgM | 1106 <input type="checkbox"/> Helicobacter Pylori IgG |
| 1102 <input type="checkbox"/> Measles IgG | 1054 <input type="checkbox"/> Blood Group + Rh |
| <input type="checkbox"/> | 1055 <input type="checkbox"/> Coombs Test |

ENDOCRINOLOGY

THYROID FUNCTION

- | | |
|--|--|
| 1061 <input type="checkbox"/> TSH | 1067 <input type="checkbox"/> T4 Uptake |
| 1063 <input type="checkbox"/> Triiodothyronine (T ₃) | 1068 <input type="checkbox"/> Anti-Thyroid Peroxidase Antibodies |
| 1064 <input type="checkbox"/> Thyroxine (T4) | 1069 <input type="checkbox"/> Anti-Thyroglobulin Antibodies |
| _____ <input type="checkbox"/> | _____ <input type="checkbox"/> |
| _____ <input type="checkbox"/> | _____ <input type="checkbox"/> |

REPRODUCTIVE HORMONE ASSAY

- | | |
|--|--|
| 1073 <input type="checkbox"/> Human Chorionic Gonadotropin (HCG) | 1078 <input type="checkbox"/> Luteinizing Hormone (LH) |
| 1075 <input type="checkbox"/> FSH | 1079 <input type="checkbox"/> Progesterone |
| 1076 <input type="checkbox"/> Prolactin | 1080 <input type="checkbox"/> Testosterone |
| 1077 <input type="checkbox"/> Estradiol | _____ <input type="checkbox"/> |
| _____ <input type="checkbox"/> | _____ <input type="checkbox"/> |

Comments _____

OTHER HORMONE ASSAYS

- | | |
|--|--|
| 1087 <input type="checkbox"/> Beta-2-Microglobulin | 1092 <input type="checkbox"/> Immunoglobulin E |
| 1088 <input type="checkbox"/> Cortisol | 1093 <input type="checkbox"/> Prostatic Acid Phosphatase |
| 1089 <input type="checkbox"/> C-Peptide | 1134 <input type="checkbox"/> Pituitary Profile |
| 1090 <input type="checkbox"/> Human Growth Hormone | _____ <input type="checkbox"/> |
| 1091 <input type="checkbox"/> Insulin | _____ <input type="checkbox"/> |

CARDIAC MARKER ASSAYS

- | | |
|---|---|
| 1070 <input type="checkbox"/> Creatine kinase CK - MB | 1072 <input type="checkbox"/> Cardiac Troponin I (2 nd Generation) |
| 1071 <input type="checkbox"/> Myoglobin | _____ <input type="checkbox"/> |

TUMOR MAKER ASSAYS

- | | |
|--|---|
| 1081 <input type="checkbox"/> Alpha Fetoprotein (AFP) | 1086 <input type="checkbox"/> CA 27.29 |
| 1082 <input type="checkbox"/> Carcinoembryonic Antigen (CEA) | 1087 <input type="checkbox"/> CA 19-9 |
| 1083 <input type="checkbox"/> Prostate Specific Antigen (PSA) Free | 1136 <input type="checkbox"/> Hepatitis Panel |
| 1084 <input type="checkbox"/> Total PSA | _____ <input type="checkbox"/> |
| 1085 <input type="checkbox"/> CA 125 | _____ <input type="checkbox"/> |

Comments _____

MICROBIOLOGY

- | | |
|---|--|
| 1108 <input type="checkbox"/> Blood culture & Sensitivity | 1113 <input type="checkbox"/> CSF: Microscopy & cell count |
| 1108 <input type="checkbox"/> Occult blood | 1114 <input type="checkbox"/> Throat/Wound Swab: Micro c/s |
| 1109 <input type="checkbox"/> Stool: Micro, culture & sensitivity | 1115 <input type="checkbox"/> Helicobacter pylori |
| 1110 <input type="checkbox"/> Trypanosomes | 1116 <input type="checkbox"/> VDRL |
| 1111 <input type="checkbox"/> Urine: Micro, culture & sensitivity | 1117 <input type="checkbox"/> AFB |
| 1112 <input type="checkbox"/> Malaria Parasites-microscopy | _____ <input type="checkbox"/> |

OTHER TEST AVAILABLE

- | | |
|---|--|
| 1118 <input type="checkbox"/> Pregnancy Test | 1127 <input type="checkbox"/> CWP Plus For Men |
| 1119 <input type="checkbox"/> Semen Analysis | 1128 <input type="checkbox"/> CWP Plus For Women |
| 1120 <input type="checkbox"/> Allergy Test (IgF) | 1129 <input type="checkbox"/> ASO Titre |
| 1121 <input type="checkbox"/> WIDAL | _____ <input type="checkbox"/> |
| 1122 <input type="checkbox"/> CWP Complete Wellness | _____ <input type="checkbox"/> |
| 1123 <input type="checkbox"/> Hemoglobin H1Ac | _____ <input type="checkbox"/> |
| 1124 <input type="checkbox"/> HIV Screening | _____ <input type="checkbox"/> |
| 1125 <input type="checkbox"/> CD 4 Count | _____ <input type="checkbox"/> |
| 1126 <input type="checkbox"/> Viral load | _____ <input type="checkbox"/> |

MISC. ASSAYS

FOR LABORATORY USE

Collected by _____ Date _____ Received by _____ Logged by _____
 FB-Fasting Blood NFB-Non_Fasting Blood