

Place some sort of LOGO here

General Lab Requisition

Patient Name:

PHN:

DOB:

Location:

Date Test is Required:

Reason for Test:

Heamatology

CBC

CBC with Differential

Hemoglobin A1-C

Electrolytes

K

Na

Chloride

Bicarbonate

Calcium

Ionized Calcium

Blood Gas

Arterial blood gas

Venous blood gas

Fetal cord blood gas

Renal Profile

BUN

Creatinine

Liver Function

AST

GGT

ALT

Total Bilirubin

Direct Bilirubin

Urine Analysis

R&M

Urine Electrolytes

Urine Creatinine

Microbiology

Type of Culture

Location

Histology

Tissue type

Location