

Hospital No: _____

Date: _____

Patient's Name: _____

Age: _____ Sex: () M () F Last _____ First _____ Middle _____

Date of Birth: _____ Contact No/s: _____

Address: _____

Clinical Diagnosis: _____ Requesting Physician: _____

Mode of Request: () STAT () ROUTINE Date/Time Received: _____

Origin of Request: _____ Receiving Lab. Personnel: _____

() OPD Sent by: _____

() IN- PATIENT: Pavilion: _____ Ward: _____ Charge (PAR) No.: _____

Pay: Philhealth: Service: _____ O.R No.: _____

Please check desired test/s:

HEMATOLOGY <input type="checkbox"/> CBC <input type="checkbox"/> Platelet count <input type="checkbox"/> Hemoglobin & Hematocrit only <input type="checkbox"/> RBC <input type="checkbox"/> WBC w/ Differential Count <input type="checkbox"/> Blood Indices <input type="checkbox"/> ESR <input type="checkbox"/> Clotting Time <input type="checkbox"/> Bleeding Time <input type="checkbox"/> Malarial Smear <input type="checkbox"/> L.E. Preparation <input type="checkbox"/> Peripheral Smear SEROLOGY <input type="checkbox"/> HBsAg/ Hepatitis B s antigen <input type="checkbox"/> HIV <input type="checkbox"/> Syphilis Test -RPR -Anti Treponema Pallidum <input type="checkbox"/> Anti HAV <input type="checkbox"/> Anti HBS <input type="checkbox"/> Anti HCV <input type="checkbox"/> Salmonella IgM, IgG <input type="checkbox"/> Dengue NS1 <input type="checkbox"/> Dengue IgM, IgG	BLOOD BANKING <input type="checkbox"/> Blood Typing [ABO & Rh] <input type="checkbox"/> Crossmatching <input type="checkbox"/> Coomb's Test: ___ Direct ___ Indirect CHEMISTRY Routine: <input type="checkbox"/> FBS <input type="checkbox"/> RBS <input type="checkbox"/> BUN/ Blood Urea Nitrogen <input type="checkbox"/> Creatinine <input type="checkbox"/> Blood Uric Acid <input type="checkbox"/> Total Cholesterol Special: <input type="checkbox"/> Triglycerides <input type="checkbox"/> HDL <input type="checkbox"/> LDL <input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> SGPT/ ALT <input type="checkbox"/> SGOT/ AST <input type="checkbox"/> Total Bilirubin <input type="checkbox"/> In direct & Direct Bilirubin <input type="checkbox"/> Total Protein <input type="checkbox"/> Albumin <input type="checkbox"/> Globulin <input type="checkbox"/> OGTT <input type="checkbox"/> OGCT <input type="checkbox"/> Hemoglobin A1c (Hba1c)	Electrolytes <input type="checkbox"/> Sodium/ Na <input type="checkbox"/> Potassium/ K <input type="checkbox"/> Lithium/ Li <input type="checkbox"/> Chloride <input type="checkbox"/> Total Calcium <input type="checkbox"/> Phosphorous (Inorganic Phosphate) Cardiac Markers: <input type="checkbox"/> Troponin I [Qualitative] <input type="checkbox"/> CK-MB [Quantitative] <input type="checkbox"/> CK-Total [Quantitative] MICROSCOPY <input type="checkbox"/> Routine Urinalysis <input type="checkbox"/> Routine Fecalysis/ Stool Exam <input type="checkbox"/> Scotch tape Method <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> Vaginal Smear for Spermatozoa <input type="checkbox"/> Semen Analysis <input type="checkbox"/> Fecal Occult Blood (FOBT)	MICROBIOLOGY <input type="checkbox"/> Gram Stain (Source: _____) <input type="checkbox"/> AFB Stain (Source: _____) <input type="checkbox"/> KOH (Source: _____) <input type="checkbox"/> Culture & Sensitivity Source: ___ Blood ___ Urine ___ Stool ___ Wound ___ Rectal swab ___ Others: pls. specify ____ <input type="checkbox"/> PCR for <i>M. Tuberculosis</i> <input type="checkbox"/> Environmental Swabbing MISCELLANEOUS <input type="checkbox"/> Body Fluid Analysis (Cell Count, Sugar, Protein) ___ CSF ___ Pleural Fluid <input type="checkbox"/> 24-HR. Urine Chemistry ___ Glucose ___ Protein ___ ECC-Creatinine Clearance DRUG TESTING <input type="checkbox"/> Metamphetamine/ Shabu <input type="checkbox"/> THC / Marijuana
HISTOPATHOLOGY *Pls. use separate histopath request form for the ff: Paps smear, FNAB, Fluid cell cytology w/ Cell block, Biopsy, Autopsy, Frozen Section			

OPD PACKAGES [Note: with discount]

- () OPD 1/ Kidney Profile [Creat, BUN, BUA]
- () OPD 2/ Lipid Profile [Choles, Trigly, HDL, LDL]
- () OPD 3/ Liver Profile [SGPT, SGOT, TP & A/G, Total Bili, B1 & B2, Alk. Phos]
- () OPD 4 [FBS + Kidney Profile]
- () OPD 5 [FBS + Lipid Profile]
- () OPD 6 [FBS + kidney, Lipid & Liver Profile]
- () OPD 7 [CBC + Urinalysis + Fecalalysis]

() **HD Package 1** (CBC with Platelet, BUN, Creatinine, Total Ca, Na, K, Albumin, Phosphorous (Inorganic Phosphate), SGPT/ALT, Uric Acid, HBsAg, Anti-HBs, Anti-HCV, RPR/TPPA(Syphilis), HIV(Screening) Blood typing (gel Technique)

() **HD Package 2** (CBC, Creatinine, Na, K, BUN (Pre-Dialysis), BUN (Post-Dialysis) Albumin, Total Ca, Phosphorous (Inorganic Phosphate), SGPT/ALT, Uric Acid

() **HD Package 3** (HBsAg, Anti-HBs, Anti-HCV)