



MARIANO MARCOS STATE UNIVERSITY  
Health & Wellness Services

Document Code

HW-S-FRM-012

REVISION NO.

0

Page 1 of 1

CLINICAL LABORATORY REQUEST

EFFECTIVITY DATE

September 1, 2019

06.09.2023

DATE

NAME \_\_\_\_\_

AGE \_\_\_\_\_

SEX M

Date of Birth \_\_\_\_\_

### CLINICAL LABORATORY REQUEST

#### HEMATOLOGY

- ☒ Complete Blood Count
- ☐ Platelet Count
- ☐ Peripheral Blood Smear

#### MICROSCOPY

- ☒ Urinalysis
- ☐ Fecalalysis
- ☐ Pregnancy Test
- ☐ Sputum Exam
- ☒ Drug Test

#### BLOOD CHEMISTRY

- ☐ Lipid Profile
- ☐ FBS
- ☐ BUN
- ☐ Blood Uric Acid
- ☐ Creatinine
- ☐ Electrolytes

#### SEROLOGY

- ☐ Typhi dot
- ☐ HBsAg
- ☐ Anti HBs

#### RADIOLOGY:

X-ray ☒ Chest

Ultrasound \_\_\_\_\_

Other Examination: \_\_\_\_\_

LEONISA A. SILVESTRE, M.D.  
Physician