



PT ARFIS MEDIKA INDOTAMA JL.

Cisanggiri I No. 4, Kebayoran Baru, South Jakarta
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LABORATORY EXAMINATION REQUEST FORM

Patient :
- Registration Number :
- Name :
- Age :
- Gender :
- Address :

Disease Symptoms :	Specimen Type of : Material Origin : Pick up date/time:..... Officer :
Treatment :	

No. CHECKING TYPE	No. CHECKING TYPE	No. CHECKING TYPE
HEMATOLOGY	FECES	MICROBIOLOGY & PARASITOLOGY
1 y Hemoglobin (Hb)	1 y Macroscopic	1 y Mycobacterium
2 y Hematocrit	- Consistency	2 y Neisseria gonorrhoeae
3 y Count the erythrocytes	- Color	3 y Trichomonas vaginalis
4 y Platelet Count	- Smell	4 y Candida albicans
5 y Count Leukocytes	- Lands	5 y Bacterial vaginosis
y Count Types of Leukocytes	- Blood	6 y Malaria
7 y Blood Sedimentation Rate	2 y Vague Blood	7 y Microfilaria
8 y Bleeding Period	3 y Microscopy	8 y Surface Fungi
9 y Freezing Time	- Ova	
	- Amoeba	IMMUNOLOGY
URINALISA	- Erythrocyte	1 y Pregnancy test
1 y Macroscopic	- Leukocytes	2 y Blood Type
- Color	- Leftovers	3 y WIDAL
- Clarity		4 y VDRL
- Smell	CLINICAL CHEMISTRY	5 y HBsAg
- Volume	1 y Glucose	6 y Anti-HIV
2 y PH	2 y Protein	7 y Antigen/ Antibody Dengue
3 y Type Weight	3 y Albumin	
4 y Protein	4 y Bilirubin Total	y Other :
5 y Glucose	5 y Bilirubin Direct	
6 y Bilirubin	6 y SGOT	
7 y Urobilinogen	7 y SGPT	
8 y Ketones	8 y Alkali Phosphatase	
9 y Nitrite	9 y Uric Acid	
10 y Leukosit	10 y Urea / BUN	
11 y Erythrocytes	11 y Creatinine	
12 y Sediments	12 y Triglycerides	
	13 y Total Cholesterol	
	14 y Kolesterol HDL	
	15 y Kolesterol LDL	

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Doctor / Shipper



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