

**UNIVERSITY OF LAGOS
HEALTH SERVICES**

STOOL TEST

Hos. No.

Path No.

Surname

Other Names

Sex

Clinician

Age

Staff/Student

Clinical Summary and Diagnosis

Material

Date of Request

Signature of Doctor

Reports (For Laboratory Use Only)

☐ Watery

☐ Formed

☐ With Mucus

☐ Uniformed

☐ Hard Formed

☐ No Blood

☐ Soft Formed

☐ No Mucus

☐ With Blood

MICROSCOPY

OVA of:

Ascaris Lumbricoides _____

Hookworm _____

Tapeworm _____

Trichuris Trichuria _____

Trichomonas Hominis _____

Schistosoma Mansoni _____

E. Histolytica _____

E. Coli _____

Strongyloides Stecoralis _____

Gladia Lambia _____

MISCELLANEOUS:

Pus Cells _____

Rec's _____

Chargotleydan Crystals _____

☐ No Ova or Protozoa Seen

Other Tests: _____

Occult Blood _____

Medical Laboratory Scientist