

## LABORATORY TEST REQUEST

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( Lorem ipsum dolor sit amet, consectetur hic facilis itaque. )

<b>Patient's Name:</b> Mina Myoui			<b>PID:</b> 1
<b>Patient's Address:</b>			<b>Phone:</b>
<b>Date of Birth:</b>	<b>Gender:</b> Female	<b>Today's Date:</b> 19-Mar-2022	

### CHEMISTRY PROFILE

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Panel 1 (Metabolic - Glu, BUN, Create, Na, K, Cl, CO2)

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Panel 2 (Liver - T. Prot, Alb, Alk, Phos, LDH, AST, ALT)

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Panel 3 (Complete Metabolic Panel - metabolic and liver panel)

☐ Panel 4 (Cardiac - LDH, CK, CK - MB)

☐ Panel 5 (Lipid - Chol, Trig, HDL, LDL)

☐ Panel 6 (Lytes - Na, K, Cl, CO2)

☐ Panel 7 (Urine Lytes, Na, K, Cl, CREA)

### CHEMISTRY

☐ Glucose

☐ Acetone

☐ BUN

<input type="checkbox"/> Creatinine	<input checked="" type="checkbox"/> LDH
<input type="checkbox"/> Uric Acid	<input checked="" type="checkbox"/> Cell Count and Differential
<input type="checkbox"/> Potassium	
<input type="checkbox"/> Calcium	
<input type="checkbox"/> Phosphorus	
<input type="checkbox"/> Magnesium	
<input type="checkbox"/> Bilirubin, Total	
<input type="checkbox"/> Bilirubin, Neonatal	
HEMATOLOGY/COAGULATION	
	<input checked="" type="checkbox"/> FDP/FSP (Contact Lab for Special Tube)
	<input checked="" type="checkbox"/> Reticulocyte Count
	<input checked="" type="checkbox"/> Sedimentation Rate
	<input checked="" type="checkbox"/> Fibrinogen
	<input type="checkbox"/> CBC
	<input checked="" type="checkbox"/> Differential
	<input checked="" type="checkbox"/> Hct/Hgb
	<input type="checkbox"/> G.6-PD
	<input checked="" type="checkbox"/> D-Dimmer
	<input type="checkbox"/> PT/INR
URINALYSIS	
	<input type="checkbox"/> Routine Urinalysis
	<input type="checkbox"/> Microscopic
	<input type="checkbox"/> Semen Analysis
	<input type="checkbox"/> Glucose
	<input type="checkbox"/> Specific Gravity
	<input type="checkbox"/> Post Vas
GLUCOSE TOLERANT TEST	
<input type="checkbox"/> 2 HR PP	
<input type="checkbox"/> 1 HR Screen (OB)	