

FAITH MEDIPLEX HOSPITAL *Benin* Abuja * Uyo

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Laboratory Request/Report Ward/Bed No:_____

Date: Doctor: Sex: Clinical Diagnosis:	Patient Name:Doctor:			Pt. No:	
HEMATOLOGY				Clinical Diagnosis:	
Diff					
Diff:	WBC: ×1000			Appearance:	
Malaria:				S.G.:	Protein:
PCV:				pH:	Glucose:
☐ Platelet Count: ☐ Urobilli: L.E. ☐ Periph Smear: ☐ Micro: ☐ Micro: ☐ ESR: ☐ Urine BHCG: ☐ Micro: ☐ Blood BANK ☐ CSF Analysis. ☐ Micro: ☐ Genotype: ☐ SFC: ☐ Sputum AFB: ☐ CHEMISTRY ☐ Stool Occult Blood: ☐ Stool O & P: ☐ PSA: ☐ ng/dl ☐ Appearance: ☐ Microscopy: ☐ Glucose: ☐ mg/dl ☐ Appearance: ☐ Microscopy: ☐ Serum Protein: ☐ mg/dl ☐ Serum BHCG: ☐ Serum BHCG: ☐ Serum Protein: ☐ mg/dl ☐ RPR: ☐ Widal: ☐ Calcium: ☐ mg/dl ☐ HIV: ☐ HBSAg: ☐ Hormonal Profile: ☐ HCV: ☐ HBSAg: ☐ HCV: ☐ Lipid Profile: ☐ Coombs Test: ☐ Mantoux: ☐ ABSAg Profile ☐ Gamna GT: ☐ Bleeding Time: ☐ Lab Scientist: ☐ Lab Scientist: ☐ Lab Scientist: ☐ Lab Scientist: ☐ Date Reported				Ketone:	Bili:
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