



FAITH MEDIPLEX HOSPITAL

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Laboratory Request/Report

Ward/ Bed No: _____

Patient Name: _____

Age: _____

Pt No: _____

Date: _____ Doctor: _____

Sex: _____

Clinical Diagnosis: _____

HEMATOLOGY

- ☐ WBC: _____ x1000 _____
- ☐ Diff: _____
- ☐ Malaria: _____
- ☐ PCV: _____
- ☐ Platelet Count: _____
- ☐ Periph Smear: _____
- ☐ ESR: _____
- ☐ Microfilaria: _____

BLOOD BANK

- ☐ Genotype: _____
- ☐ Blood Group: _____

CHEMISTRY

- ☐ E/U/Cr: _____ mg/dl
- ☐ PSA: _____ mg/dl
- ☐ Glucose: _____ mg/dl
- ☐ T.Bili: _____ /D. Bili: _____ mg/dl
- ☐ Serum Protein: _____ mg/dl
- ☐ Uric Acid: _____ mg/dl
- ☐ Calcium: _____ mg/dl
- ☐ Phosphate: _____ mg/dl
- ☐ Total Cholesterol: _____ mg/dl
- ☐ Hormonal Profile: _____
- ☐ Lipid Profile: _____
- ☐ LFT: _____
- ☐ Anylase: _____
- ☐ Gamna GT: _____
- ☐ HBAic: _____
- ☐ Thyroid Function Test (TFT): _____
- ☐ OGTT: _____

URINALYSIS

Appearance: _____

- ☐ S.G.: _____ Protein: _____
- ☐ pH: _____ Glucose: _____
- ☐ Ketone: _____ Bili: _____
- ☐ Blood: _____ Nitrite: _____
- ☐ Urobili: _____ L.E: _____
- ☐ Micro: _____
- ☐ Urine BHCG: _____

MICROBIOLOGY

- ☐ CSF Analysis _____
- ☐ M/C/S: _____
- ☐ SFC: _____
- ☐ Sputum AFB: _____
- ☐ Stool Occult Blood: _____
- ☐ Stool O & P: _____
- ☐ Appearance: _____
- ☐ Microscopy: _____

SEROLOGY

- ☐ Serum BHCG: _____
- ☐ RPR: _____
- ☐ Widal: _____
- ☐ Serum AFB: _____
- ☐ HIV: _____
- ☐ HBSAg: _____
- ☐ H.Pylori: _____
- ☐ HCV: _____
- ☐ Coombs Test: _____
- ☐ Mantoux: _____
- ☐ ABsAg Profile: _____
- ☐ Clotting Time: _____
- ☐ Bleeding Time: _____
- ☐ Lab Scientist: _____
- ☐ Date Reported: _____
- ☐ PT/PTTK: _____