



FAITH MEDIPLEX HOSPITAL

★Benin★ Abuja★ Uyo

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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: _____ ng/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: _____

☐ Amylase: _____

☐ Gamma 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: _____