

Doctors Hospital Laboratory Request Form

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Scan to Register Online

ROUTINE <input type="checkbox"/>
PREOP <input type="checkbox"/>
STAT <input type="checkbox"/>

VISIT#:

NAME: (last, first, mi)	LOCATION:
D.O.B. (dd/mm/yy): AGE: GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	COLLECTION DATE:
PHYSICIAN:	COLLECTION TIME:
DIAGNOSIS:	COLLECTED BY:

PERFORM AND INTERPRET TESTS DETERMINED TO BE MEDICALLY NECESSARY BY DOCTORS HOSPITAL LABORATORY

<input checked="" type="checkbox"/>	PROFILES/PANELS (Tests on Reverse side)	<input checked="" type="checkbox"/>	BLOOD BANK	BBK	<input checked="" type="checkbox"/>	CHEMISTRY	LAB	<input checked="" type="checkbox"/>	CHEMISTRY	LAB			
<input type="checkbox"/>	Acute Hepatitis Panel	<input type="checkbox"/>	HEPA	<input type="checkbox"/>	ABO/Rh	ABORH	<input type="checkbox"/>	<input type="checkbox"/>	GGT	GGT	<input type="checkbox"/>	Electrophoresis:	
<input type="checkbox"/>	Basic Metabolic Profile	<input type="checkbox"/>	BMP	<input type="checkbox"/>	Ab Screen	ABS	<input type="checkbox"/>	<input type="checkbox"/>	Glucose	GLU	<input type="checkbox"/>	Hemoglobin	HGBE
<input type="checkbox"/>	Cardiac Profile	<input type="checkbox"/>	CARDP	<input type="checkbox"/>	Direct Coombs	DAT	<input type="checkbox"/>	<input type="checkbox"/>	Digoxin	DGNA	<input type="checkbox"/>	Serum Protein	SPEP
<input type="checkbox"/>	Comp Metabolic Profile	<input type="checkbox"/>	CMP	<input type="checkbox"/>	Fluor Trep Ab	FTA-ABS	<input type="checkbox"/>	<input type="checkbox"/>	Dilantin	PTN			
<input type="checkbox"/>	Drug Screen, 2 Panel	<input type="checkbox"/>	DRGU1	<input type="checkbox"/>	HAVA IgM	HAVA	<input type="checkbox"/>	<input type="checkbox"/>	Estradiol	E2		Immunofixation:	
<input type="checkbox"/>	Electrolyte Profile	<input type="checkbox"/>	LYTEP	<input type="checkbox"/>	HBsAb	HBSAB	<input type="checkbox"/>	<input type="checkbox"/>	Ethanol/Alc	ALC	<input type="checkbox"/>	Serum	IFS
<input type="checkbox"/>	General Health Panel	<input type="checkbox"/>	GHP	<input type="checkbox"/>	HBsAg	HBSAG	<input type="checkbox"/>	<input type="checkbox"/>	Ferritin	FERR	<input type="checkbox"/>	Urine	IFU
<input type="checkbox"/>	Lipid Profile	<input type="checkbox"/>	LIPID	<input type="checkbox"/>	Hep B Core IgM	HBC	<input type="checkbox"/>	<input type="checkbox"/>	Folate	FOLS			
<input type="checkbox"/>	Liver Profile	<input type="checkbox"/>	LFT	<input type="checkbox"/>	Hep C Ab	HCV	<input type="checkbox"/>	<input type="checkbox"/>	FSH	FSH	<input type="checkbox"/>	Paternity Test	PAT
<input type="checkbox"/>	Renal Function Panel	<input type="checkbox"/>	RFP	<input type="checkbox"/>	HIV I/II	HIV 1&2	<input type="checkbox"/>	<input type="checkbox"/>	HbA1C	HBA1C	<input type="checkbox"/>	PAP	PAPS
<input type="checkbox"/>	SMA 7	<input type="checkbox"/>	SMA7	<input type="checkbox"/>	HIV I&II DIFF	HIVMS	<input type="checkbox"/>	<input type="checkbox"/>	Iron & TIBC	FETIBC	<input type="checkbox"/>	Thin liquid PAP	TPAP
<input type="checkbox"/>	SMA 12	<input type="checkbox"/>	SMA12	<input type="checkbox"/>	HTLV 1/11	HTLV	<input type="checkbox"/>	<input type="checkbox"/>	Iron-Total	FE	<input type="checkbox"/>	Viral load	VL
<input type="checkbox"/>	SMA 25	<input type="checkbox"/>	SMA25	<input type="checkbox"/>	Quick HIV	QUICK	<input type="checkbox"/>	<input type="checkbox"/>	LDH	LDH	<input type="checkbox"/>	Renin	REN
<input type="checkbox"/>	Thyroid Panel	<input type="checkbox"/>	THYP	<input type="checkbox"/>	Rubella	RUBIGG	<input type="checkbox"/>	<input type="checkbox"/>	LH	LH			
<input type="checkbox"/>	Thyroid w TSH	<input type="checkbox"/>	THYTSH	<input type="checkbox"/>	VDRL	VDRL	<input type="checkbox"/>	<input type="checkbox"/>	Magnesium	MG	<input checked="" type="checkbox"/>	MICROBIOLOGY	MIC (L - LAB)
<input type="checkbox"/>	Thyroid Complete Panel	<input type="checkbox"/>	THYCOMP	<input type="checkbox"/>	Therapeutic	PHLB	<input type="checkbox"/>	<input type="checkbox"/>	Phenobarbital	PHNO			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Autologous	WBA	<input type="checkbox"/>	<input type="checkbox"/>	Phosphorus	PHOS	<input type="checkbox"/>	Blood Cult:13y +	BC
<input checked="" type="checkbox"/>	ORDER SETS (No Category /)								Potassium	K	<input type="checkbox"/>	Blood Cult:4-12y11m	BCADO
<input type="checkbox"/>	Annual Health Profile	<input type="checkbox"/>	ANNU	<input checked="" type="checkbox"/>	CHEMISTRY	LAB			PSA	PSA	<input type="checkbox"/>	Blood Cult:NB-y11m	BCPED
<input type="checkbox"/>	CSF Analysis	<input type="checkbox"/>	CSFA						Prolactin	PROL	<input type="checkbox"/>	Body Fluid Culture	BF
<input type="checkbox"/>	OB Profile	<input type="checkbox"/>	OBPROF	<input type="checkbox"/>	AFP (Tumor Marker)	AFPTM	<input type="checkbox"/>	<input type="checkbox"/>	T-Protein	TP	<input type="checkbox"/>	Fungus Culture	FUNGCULT
<input type="checkbox"/>	Prenatal Profile	<input type="checkbox"/>	PRENATPROF	<input type="checkbox"/>	Albumin	ALB	<input type="checkbox"/>	<input type="checkbox"/>	Sodium	NA	<input type="checkbox"/>	HCG Urine	L - BHCGU
<input type="checkbox"/>	MSU (UA & Urine C/S)	<input type="checkbox"/>	MSU	<input type="checkbox"/>	Alk Phos	ALP	<input type="checkbox"/>	<input type="checkbox"/>	T-3 uptake	T3U	<input type="checkbox"/>	KOH Prep	KOH
<input type="checkbox"/>	Rheumatoid Arthritic Pr	<input type="checkbox"/>	RAP	<input type="checkbox"/>	ALT (SGT)	ALT	<input type="checkbox"/>	<input type="checkbox"/>	T-4	T4	<input type="checkbox"/>	Occult Blood Stool	L - OBST
<input type="checkbox"/>	Stool (C/S, OP & OB)	<input type="checkbox"/>	STCOPOB	<input type="checkbox"/>	Ammonia	AMM	<input type="checkbox"/>	<input type="checkbox"/>	Total T-3	TT3	<input type="checkbox"/>	Ova & Parasites	OP
<input checked="" type="checkbox"/>	HEMATOLOGY	<input type="checkbox"/>	LAB	<input type="checkbox"/>	Amylase	AMY	<input type="checkbox"/>	<input type="checkbox"/>	Triglycerides	TRIG	<input type="checkbox"/>	Semen Analysis	L - SEMANA
<input type="checkbox"/>	ASOT	<input type="checkbox"/>	ASO	<input type="checkbox"/>	AST	AST	<input type="checkbox"/>	<input type="checkbox"/>	Troponin I	TROPI	<input type="checkbox"/>	Sputum Culture	SPU
<input type="checkbox"/>	Bleeding Time	<input type="checkbox"/>	BT	<input type="checkbox"/>	Beta-HCG (Serum)	BHCG	<input type="checkbox"/>	<input type="checkbox"/>	TSH	TSH	<input type="checkbox"/>	Stool Culture	STC
<input type="checkbox"/>	Body Fluid cell count diff	<input type="checkbox"/>	BFCCD	<input type="checkbox"/>	Bili-Direct	DBILI	<input type="checkbox"/>	<input type="checkbox"/>	Uric Acid	URCA	<input type="checkbox"/>	TB Culture & Sm	AFBCS
<input type="checkbox"/>	CBC w DIFF	<input type="checkbox"/>	CBCD	<input type="checkbox"/>	Bili-Total	TBILI	<input type="checkbox"/>	<input type="checkbox"/>	Valproic Acid	VALP	<input type="checkbox"/>	Throat Culture	TCULT
<input type="checkbox"/>	CBC w/o DIFF	<input type="checkbox"/>	CBC	<input type="checkbox"/>	BUN	BUN	<input type="checkbox"/>	<input type="checkbox"/>	Vitamin B12	B12	<input type="checkbox"/>	Tissue Biopsy Cult	TISBXCULT
<input type="checkbox"/>	Clotting Time	<input type="checkbox"/>	CT	<input type="checkbox"/>	CA-125	CA125	<input type="checkbox"/>	<input type="checkbox"/>	Random urine:		<input type="checkbox"/>	Urinalysis	L - UA
<input type="checkbox"/>	Malaria Smear	<input type="checkbox"/>	MALS	<input type="checkbox"/>	Calcium	CA	<input type="checkbox"/>	<input type="checkbox"/>	Ur sodium	URNA	<input type="checkbox"/>	Urine Culture	UCULT
<input type="checkbox"/>	PT w INR	<input type="checkbox"/>	PT	<input type="checkbox"/>	Cannabinoids	CANNU	<input type="checkbox"/>	<input type="checkbox"/>	Ur potassium	URK	<input type="checkbox"/>	Vaginal Culture	GEN
<input type="checkbox"/>	PTT	<input type="checkbox"/>	PTT	<input type="checkbox"/>	CEA	CEA	<input type="checkbox"/>	<input type="checkbox"/>	Ur chloride	URCL	<input type="checkbox"/>	Wound Culture	WC
<input type="checkbox"/>	RA Factor	<input type="checkbox"/>	RF	<input type="checkbox"/>	Cholesterol	CHOL	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	Reticulocyte Count	<input type="checkbox"/>	RETIC	<input type="checkbox"/>	CKMB	CKMB	<input type="checkbox"/>	<input type="checkbox"/>	Alderstone	ALDOS	PLEASE LIST ANTIBIOTICS IN USE:		
<input type="checkbox"/>	Sed Rate (ESR)	<input type="checkbox"/>	ESR	<input type="checkbox"/>	Cocaine	COCU	<input type="checkbox"/>	<input type="checkbox"/>	Allergen, mold	APM			
<input type="checkbox"/>	Sickle Cell Screen	<input type="checkbox"/>	SICK	<input type="checkbox"/>	Cortisol	CORT	<input type="checkbox"/>	<input type="checkbox"/>	CD4 T-lymph	CD4			
<input type="checkbox"/>	SLE Screen	<input type="checkbox"/>	LE	<input type="checkbox"/>	CPK	CK	<input type="checkbox"/>	<input type="checkbox"/>	Chlam/GC Pb	CGCDP			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	C-Reactive Protein	CRP	<input type="checkbox"/>	<input type="checkbox"/>	Cl. diff tox A/B	CDIFFAB			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Creatinine	CREA	<input type="checkbox"/>	<input type="checkbox"/>					

COMMENTS AND/OR ADDITIONAL TEST(S) NOT LISTED ABOVE:

REFLEX TESTING AUTHORIZATION: _____

LIST OF PROFILES AND ORDER SETS

ACUTE HEPATITIS PANEL	DRUG SCREEN 2 PANEL	RHEUMATOID (ARTHRITIS)	SMA 25
HAVA	COC	ANA	ALB
HEP C	CANN	ASO	ALP
HBSAG		CRP	ALT
HEP B Core IgM		ESR	Amylase
	ELECTROLYTE PROFILE	LE	AST
ANNUAL HEALTH PROFILE	BUN	RF	BUN
BUN	CL	Uric Acid	CA
CBC	CO2		CHOL
CHOL	CREA		CL
GLU	K	RENAL PROFILE	CO2
MSU	NA	ALB	CPK
VDRL		BUN	CREA
	GENERAL HEALTH PANEL	CA	DBILI
	CBC w Diff	CO2	GGT
BASIC METABOLIC PROFILE	CMP	CL	GLOB
CA	TSH	CREA	GLU
CL		GLU	K
CO2	LIPID PROFILE	K	LDH
CREA	CHOL	NA	NA
GLU	HDL	PHOS	OSMO
K	LDL, calculated		PHOS
NA	Risk		TP
BUN	TRIG	SMA 7	TBILI
		BUN	TRIG
	LIVER PROFILE	CL	Uric Acid
CARDIAC PROFILE	A/G Ratio	CO2	
AST	ALB	CREA	
CK	ALP	GLU	STOOL ORDER SET
LDH	ALT	K	Stool Culture
	AST	NA	Occult Blood
	GGT		Ova and Parasites
COMP METABOLIC PROFILE	GLOB		
ALB	TBILI	SMA 12	
ALK PHOS	TP	AST	THYROID PANEL
ALT		BUN	T-3 Uptake
AST		CHOL	T-4
BUN	MSU ORDER SET	CL	T-7
CA	Urine Culture	CO2	
CO2	Urinalysis	CREA	
CREA		GAP	THYROID COMPLETE
GLU		GLU	T-3 Uptake
K	OB/PRENATAL PROFILE	K	Total T-3 (TT3)
NA	CBC w Diff	NA	T-4
TBILI	HBSAg	OSMO, calculated	T-7
TP	HIV1&2	TBILI	TSH
CL	Rubella IgG	TRIG	
	SCP	Uric Acid	THYROID W TSH
	TSP (type & screen)		T-3 Uptake
CSF ANALYSIS ORDER SET	Urinalysis		T-4
CSF Cell Count w Diff	Urine Culture		T-7
CSF Culture and Gram stain	VDRL		TSH
CSF GLU			
CSF TP			
India Ink			