

Physician/Surgeon: _____

Address for report: _____

Signature _____ Date _____

Copy of Report to _____

Surname _____

Forenames _____

Title Mr/Mrs/Miss _____

Fee to be charged to Patient/Company/Doctor _____

Address for Account/Embassy No. _____

Tel No. _____ Postal Code _____

Date of Birth _____

Previous attendance dates _____

Personal Screen

Biochemistry & Haematology Screen LC3

Clinical Details/Provisional Diagnosis _____

Biochemistry (extn 3150)

- Includes Na, K, Urea, Creatinine, L.F.T., Ca, Urate, Glucose, Cholesterol
- Screen (LC2)
 - LFT (LC 4)
 - Electrolytes (LC5) & Urea/Creatinine
 - Lipids (LC 6)
 - Calcium
 - Phosphate
 - Glucose
 - Urate
 - Fast-Glucose
 - HDL
 - Cholesterol
 - LDL
 - Triglycerides
 - Thyroid Function Tests (LC7)
 - Free T₄
 - Thyroid Antibodies (FT₃/TSH if indicated)
 - TSH
 - TRH Test
 - LH
 - Prolactin
 - Cardiac (LC 8) Enzymes
 - AST
 - ALT
 - CK
 - LDH
 - Glycated Hb
 - Cortisol
 - GTT. 2¹/₂-6 hr
 - C3 & C4
 - Protein Electrophoresis
 - CRP
 - Creatinine Clearance
 - Fe
 - Immunoglobulins
 - TIBC
 - Ig E
 - Ferritin
 - Tissue Antibodies
 - Li
 - CEA
 - Mg
 - AFP
 - Zn
 - BHCG
 - PSA

Biochemistry & Haematology Screen LC3

Haematology (extn 3543)

- Coulter Screen (LC1) includes FBC platelets & film (ESR not included)
- ESR
- Reticulocytes
- Sickle Screen
- Hb electrophoresis
- Coagulation Screen
- Rheumatoid
- B₁₂
- Folate (Serum + Red Cell)
- Monospot (Glandular Fever)
- Prothrombin Time

- Microbiology (extn 3151)**
- Microscopy & Culture for
- Bacteria/Fungi
 - T.B.
 - Mycology
 - Virus
 - Chlamydia
 - MRSA
- Specimen _____
- Time _____ Date _____
- Is Patient Receiving Antibiotics? Yes/No _____
- If Yes, Please Specify _____
- Serology for
- Hepatitis A (inc. IgM)
 - Hepatitis B Markers
 - Hepatitis C
 - Syphilis
 - Typhoid
 - Brucella
 - Virus
 - HIV

Other Tests - Please Specify:- _____

I.D. Check _____