

*Referring Doctor Dr. AHSAN
 *Clinic Name CitiCare
 Tel. No. _____ Fax No. _____
 Patient Details: Male ☒ Female ☐ *Age 20-09-1975
 *Patient's Name Sunil Kumar
 *Date of Birth _____ *EID. No. 29708
 Address/PO Box _____ Nationality Indian
 Tel. No. _____ Mob. No. _____
 *Email: _____
LAB USE ONLY: Date & Time received in Lab: _____

*Sample Source: Primary Sample Type: NGH
 Source: _____ Site: _____

*Clinical Details:
 Pregnant: ☐ Yes (wks : _____) ☐ No

*Sample Type:
 Plain/Serum ☒ SST ☐
 EDTA ☒ Fluoride ☐
 Citrate ☐ Heparin ☐
 Urine ☐ Stool ☐
 Sputum ☐ Semen ☐
 Swab ☐ Smear ☐
 Tissue ☐ Others ☐

* Items with Asterisk must be provided to ensure sample processing.

*Sample Collection Date & Time: _____

*No. of Samples: _____

BIOCHEMISTRY

- ☐ Albumin
- ☐ Alcohol
- ☐ Alkaline Phosphatase
- ☐ Alpha 1 antitrypsin
- ☐ Amylase
- ☐ Apolipoprotein A1
- ☐ Apolipoprotein B
- ☐ Bicarbonate (HCO₃)
- ☐ Bile Acid
- ☐ Bilirubin - Direct
- ☐ Bilirubin - Total
- ☐ Calcium (Ca)
- ☐ Calculus Analysis
- ☐ Ceruloplasmin
- ☐ Chloride
- ☐ Cholesterol
- ☐ Cholesterol- HDL
- ☐ Cholesterol- LDL
- ☐ CK-MB
- ☐ CPK
- ☐ Copper
- ☐ Creatinine
- ☐ Ferritin
- ☐ Folic Acid
- ☐ Fructose (Semen)
- ☐ Fructosamine
- ☐ Gamma GT (GGT)
- ☐ Glucose ☐ F ☐ PP ☐ R
- ☐ G6PD
- ☐ Haptoglobin
- ☐ HbA1C
- ☐ Homocysteine
- ☐ Iron
- ☐ LDH
- ☐ Lipase
- ☐ Lipoprotein A
- ☐ Magnesium (Mg)
- ☐ Microalbumin
- ☐ Phosphorus (P)
- ☐ Potassium
- ☐ Protein (Total)
- ☐ SGOT / AST
- ☐ SGPT / ALT
- ☐ Sodium
- ☐ TIBC
- ☐ Transferrin
- ☐ Triglycerides
- ☐ Troponin T
- ☐ Urea
- ☐ Urea Breath Test (UBT)
- ☐ Uric Acid
- ☐ Vitamin B12
- ☐ Vitamin D (25-OH)
- ☐ Zinc

Therapeutic Drugs

- ☐ Carbamazepine
- ☐ Cyclosporine ☐ C0 ☐ C2
- ☐ Gentamicin ☐ T ☐ P
- ☐ Phenytoin
- ☐ Tacrolimus ☐ T ☐ P
- ☐ Valproic Acid
- ☐ Vancomycin ☐ T ☐ P

HAEMATOLOGY

- ☐ Blood Group & Rh
- ☒ CBC
- ☐ Coombs Test - Direct
- ☐ Coombs Test - Indirect
- ☐ D-Dimer
- ☐ ESR
- ☐ Fibrinogen
- ☐ Haemoglobin
- ☐ Peripheral Smear
- ☐ PT/INR
- ☐ PTT
- ☐ Reticulocytes
- ☐ Thalassemia Screen (HPLC)

IMMUNOLOGY & SEROLOGY

- ☐ ANA
- ☐ ANCA-C
- ☐ ANCA-P
- ☐ Anti-Cardiolipin IgG
- ☐ Anti-Cardiolipin IgM
- ☐ Anti-Thyroglobulin Abs
- ☐ Anti-TPO Abs
- ☐ ASCA ☐ IgG ☐ IgA
- ☐ ASO Titre
- ☐ Brucella Ab
- ☐ C. difficile Toxin A & B
- ☐ C3 Complement
- ☐ C4 Complement
- ☐ CCP Ab
- ☐ Chlamydia IgG
- ☐ Chlamydia IgM
- ☐ Chlamydia trachomatis Ag
- ☐ CMV IgG
- ☒ CMV IgM
- ☒ CRP
- ☐ CRP (Ultrasensitive)
- ☐ ds DNA Abs
- ☐ EBV IgG
- ☐ EBV IgM
- ☐ Food Intolerance Test
- ☐ FTA (Syphilis)
- ☐ Gliadin IgA
- ☐ Gliadin IgG
- ☐ H. pylori Abs
- ☐ H. pylori Ag
- ☐ HAV IgM
- ☐ HAV IgG
- ☐ HBc IgM
- ☐ HBc Total Abs
- ☐ HBe Ab
- ☐ HBe Ag
- ☐ HBs Ag
- ☐ HBs Abs
- ☐ HCV Abs

IMMUNOLOGY & SEROLOGY

- ☐ HIV 1 & 2 Abs + p24 Ag
- ☐ HSV-I IgG
- ☐ HSV-I IgM
- ☐ HSV-II IgG
- ☐ HSV-II IgM
- ☐ IgA
- ☐ IgE
- ☐ IgG
- ☐ IgM
- ☐ Liver Kidney Abs (LKM)
- ☐ Lupus Anticoagulants
- ☐ Mitochondrial Abs
- ☐ Monospot
- ☐ Mycoplasma IgG
- ☐ Mycoplasma Total Abs
- ☐ Mycoplasma IgM
- ☐ Phospholipid IgG
- ☐ Phospholipid IgM
- ☐ proBNP
- ☐ RA Factor
- ☐ RPR (Syphilis)
- ☐ Rubella IgG
- ☐ Rubella IgM
- ☐ Sperm Abs
- ☐ Toxoplasma IgG
- ☐ Toxoplasma IgM
- ☐ TPHA (Syphilis)
- ☐ Transglutaminase IgG
- ☐ Transglutaminase IgA
- ☐ Treponema pallidum-IgG
- ☐ Treponema pallidum-IgM
- ☐ Varicella zoster IgG
- ☐ Varicella zoster IgM
- ☐ Widal Test

ENDOCRINOLOGY

- ☐ 17-OH Progesterone
- ☐ ACTH
- ☐ Androstenedione
- ☐ AMH
- ☐ Cortisol ☐ AM ☐ PM
- ☐ C-peptide
- ☐ Calcitonin
- ☐ DHEA - SO₄
- ☐ Estradiol (E2)
- ☐ Follicle Stimulating Hormone (FSH)

ENDOCRINOLOGY

- ☐ Free T3 (FT3)
- ☐ Free T4 (FT4)
- ☐ Growth Hormone (hGH)
- ☐ HCG Beta
- ☐ HCG Total
- ☐ Insulin
- ☐ IGF1
- ☐ IGFBP3
- ☐ Luteinizing Hormone (LH)
- ☐ Parathormone intact (IPTH)
- ☐ Progesterone
- ☐ Prolactin
- ☐ Sex Hormone Binding Globulin (SHBG)
- ☐ T3 Total
- ☐ T4 Total
- ☐ Testosterone - Free
- ☐ Testosterone - Total
- ☐ Thyroglobulin (Tg)
- ☐ Thyroid Stimulating Hormone (TSH)
- ☐ TSH Receptor Abs

TUMOR MARKERS

- ☐ AFP
- ☐ CA 15.3
- ☐ CA 19.9
- ☐ CA 125
- ☐ CEA
- ☐ PSA -Free
- ☐ PSA -Total

MICROBIOLOGY

- ☐ C & S - Blood
- ☐ C & S - Semen
- ☐ C & S - Urethral
- ☐ C & S - Ear
- ☐ C & S - Eye
- ☐ C & S - Throat
- ☐ C & S - Nasal
- ☐ C & S - Pus
- ☐ C & S - Mycoplasma (Urine)
- ☐ C & S - Mycoplasma (Semen)
- ☐ C & S - Mycoplasma HVS
- ☐ C & S - Mycoplasma Urethral
- ☐ C & S - Others
- ☐ Calprotectin
- ☐ Comprehensive genital Culture
- ☐ Fungal Culture
- ☐ Gram's Stain
- ☐ KOH Preparation
- ☐ Malarial Parasite Smear
- ☐ Occult Blood
- ☐ Reducing Substance ☐ U ☐ S
- ☐ Rotavirus (Stool)
- ☐ Semen Analysis
- ☐ Stool Analysis
- ☐ Urinalysis
- ☐ Wet Mount (Direct Microscopy)
- ☐ ZNS for AFB

PROFILE ☐ ALLERGY ☐ HISTOLOGY ☐ CYTOLOGY ☐

Other Tests: For Allergy & Profiles See Back & Please write it here

CBc, CRP

Patient's Signature _____

For Test Standard method/Out Sourced tests/Scope/Sample requirements/ Additional Tests Please refer to lab handbook/phlebotomy book

Confidentiality of the patient will be maintained and revealed only to relevant authorities (Insurance / Health authority) wherever applicable

For Tests not Listed Please Contact us at:

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