Laboratory Services

Sir T Hospital & Govt. Medical College
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PATIENT INFORMATION			
Patient Name:			Provisional Diagnosis:
Age:	Sex:	Ward:	Clinical History:
Registration no:			Routine / Urgent :
Sample collection Date:........................... & Time:...........................			Cause of urgency:
Primary sample type-(Please select)- Blood / Urine / CSF / Pleural fluid / Ascitic Fluid / Pus			

INVESTIGATION REQUIRED
(Note: Please tick mark on investigation to be done)

Diabetic Profile	1	Fasting Blood Sugar		22	Total Bilirubin:
	2	Post Prandial blood sugar		23	Direct Bilirubin:
	3	Random Blood sugar		24	Indirect Bilirubin:
Kidney Function Test	4	S.Creatinine	**Liver Function Test**	25	S.SGPT/ALT
	5	S.Urea		26	S.SGOT/AST
	6	BUN		27	S.ALP
Lipid Profile	7	S.Cholesterol		28	S.Total Protein
	8	S.Triglycerides		29	S.Albumin
	9	S.HDL		30	S.Globulin
	10	S.LDL		31	A:G ratio
	11	S.VLDL	**Other**	32	Micro protein (CSF)
	12	HDL:LDL ratio		33	Pleural Fluid: Sugar & Protein
	13	Chol:HDL ratio		34	Ascitic Fluid: Sugar & Protein
Electrolytes	14	Sodium		35	24 hrs Urinary Protein
	15	Potassium		36	Serum Osmolality
	16	Chloride		37	S.Uric acid
	17	Total Calcium		38	Cholinesterase
	18	Magnesium		39	CK-MB
Other	19	S. Amylase		40	Other specific Test:
	20	S. Lipase	**ABG Analysis**	41	Arterial Blood Gas Analysis
	21	S. LDH		42	Venous Blood Gas Analysis
Name & sign of referring Doctor/Unit In charge					

FOR LAB USE			LAB ID:		
Type & Status of Sample	Serum	Whole Blood	Adequate	Haemolysed	Clotted
	Plasma	Urine	Fluid	Inadequate	*ACCEPTED*	*REJECTED*
Sample Receiving Date & Time:			Received By:		

Name of Laboratory : **Laboratory Services Sir T. Hospital (LSSTH) , Bhavnagar**		
Document Name: **Biochemistry Section Consent form**		
Unique ID. **LSSTH/C/Central/FM/4.3.f/3**		
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