

Laboratory Services

Sir T Hospital & Govt. Medical College Bhavnagar, Gujarat 364001

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PATIENT INFORMATION

Patient Name:			Provisional Diagnosis:
Age:	Sex:	Ward:	Clinical History:
Registration No:			Routine / Urgent:
Sample Collection Date:			Cause of urgency:
& Time:			
Primary Sample Type: (please select): - Blood / CSF / Body Fluid / Urine			

INVESTIGATION REQUIRED Note: Please tick investigations to be done.

<input type="checkbox"/>	HbA1C	<input type="checkbox"/>	Follicle Stimulating Hormone (FSH)
<input type="checkbox"/>	Vitamin B12	<input type="checkbox"/>	Luteinizing Hormone (LH)
<input type="checkbox"/>	S. Procalcitonin	<input type="checkbox"/>	β -HCG (Beta-Human Chorionic Gonadotropin)
<input type="checkbox"/>	S. Interleukins 6 (IL-6)	<input type="checkbox"/>	DHEA (Dehydroepiandrosterone)
<input type="checkbox"/>	TSH	<input type="checkbox"/>	Prolactin
<input type="checkbox"/>	Total T3, Total T4	<input type="checkbox"/>	Serum Iron
<input type="checkbox"/>	Free T3, Free T4	<input type="checkbox"/>	UIBC
<input type="checkbox"/>	PTH (Parathyroid Hormone)	<input type="checkbox"/>	TIBC
<input type="checkbox"/>	Troponin I (TnI)	<input type="checkbox"/>	S. Ferritin
<input type="checkbox"/>	Other specific Test:		
Name & Signature of HOD / HOU:			

FOR LAB USE				LAB ID:	
Type of sample	Serum	Whole blood	Plasma	Urine	Body Fluid
Status of Sample	Adequate	Inadequate	Haemolysed	Icteric	Clotted
Final Status	ACCEPTED			REJECTED	
Sample Receiving Date & Time:				Received By:	

Name of Laboratory : Laboratory Services Sir T. Hospital (LSSTH) , Bhavnagar		
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