ATLAS MEDICAL LABORATORY

LABORATORY TESTS REQUEST FORM

☐CRITICAL ☐URGENT ☐PRE-OP ☐ROUTINE

Family Name	First Name	M. I	Date	Requesting Doctor	
AGE:	SEX:	DOB	NIB#	NHI	PRIVATE

CLINICAL DETAILS OR DIAGNOSIS: **(PLEASE COMPLETE)**

Clinical Chemistry Test

- ☐ SMAC 14
- ☐ SMAC 7
- ☐ RENAL
- ☐ CARDIAC
- ☐ CKMB
- ☐ Urine NA
- ☐ Urine K+
- ☐ Urine Cl-
- ☐ Urine Cret.
- ☐ Urine TP
- ☐ Urine Drugs
- ☐ Phenobarb
- ☐ Dilantin
- ☐ Tegretol
- ☐ Digoxin
- ☐ Vancomycin
- ☐ Total Bili
- ☐ Direct Bili
- ☐ Lipids
- ☐ LIPASE
- ☐ AMYLASE
- ☐ Glucose
- ☐ HbA1c
- ☐ Uric Acid
- ☐ Other:

Hematology

- ☐ CBC/Diff
- ☐ CBC
- ☐ ESR
- ☐ Hb
- ☐ Platelets
- ☐ PT
- ☐ APTT
- ☐ Malaria parasites
- ☐ Hb Electrophoresis
- ☐ Sickle Cell Prep
- ☐ Reticulocyte Count
- ☐ Bone Marrow
- ☐ Other:

Anatomical Pathology

- ☐ PAP

Site: _____

Special Chemistry/Serology

- ☐ CEA
- ☐ CA 125
- ☐ CA 19.9
- ☐ CA 27-29
- ☐ PSA
- ☐ AFP
- ☐ TFT
- ☐ IPTH
- ☐ CRP
- ☐ C3,C4
- ☐ IGG
- ☐ BHCG
- ☐ HCVAb
- ☐ HTLV 1&2
- ☐ HBCT
- ☐ HBAB
- ☐ HIV 1&2
- ☐ HBsAg
- ☐ Syphilis
- ☐ RPR
- ☐ Rubella IGM
- ☐ ANA
- ☐ DNA
- ☐ RA
- ☐ CMV
- ☐ CMV IGM
- ☐ TOXO IGG
- ☐ TOXO IGM
- ☐ Other:

Microbiology

- ☐ Urinalysis
- ☐ Urine HCG
- ☐ Urine Culture
- ☐ Swabs: Type_____
- ☐ Fluid: Type_____
- ☐ Sputum
- ☐ STOOL
  - ☐ OAP
  - ☐ OCC
  - ☐ Culture
- ☐ Other:

FOR LAB USE ONLY:

Date & Time Received:___/___/_____:_____

Signature: _____