Republic of the Philippines
Province of Bulacan
BALIUAG DISTRICT HOSPITAL

FIRST NAME MIDLE NAME LAST NAME AGE: ___ SEX: ___ DATE: _____

Address: _____ Date of Birth: _____ Ward: _____ OR# _____

LABORATORY REQUEST FORM

HEMATLOLOGY

☐	150	CBC with platelet
☐	100	Bleeding Time/ Clotting Time
☐	330	PTT
☐	330	PT
☐	650	HBAIC

SEROLOGY AND BLOOD BANKING

☐	150	Blood Typing / Rh Typing
☐	270	Crossmatching / Reverse Typing
☐	250	HBsAG (Qualitative Test)
☐	1200	Rapid Antigen Swab NS1Ag
☐	1000	Troponin | (Qualitative Test)

CLINICAL MICROSCOPY AND PARASITOLOGY

☐	50	Urinalysis
☐	50	Fecalysis
☐	150	Pregnancy Test
☐	120	Malarial Smear

OTHERS

BLOOD CHEMSTRY

☐	150	Fasting Blood Sugar
☐	75	Random Blood Sugar (Hgt Strip_
☐	100	Blood Urea Nitrogen
☐	120	Serum Creatinine
☐	100	Blood Uric Acid
☐	150	Total Cholesterol
☐	150	Triglycerides
☐	150	HDL
☐	150	LDL
☐	150	SGPT/ALT
☐	150	SGOT/AST
☐	150	Total Protein
☐	160	Albumin
☐	350	TPAG
☐	160	Alkaline Phosphatase
☐	150	Total Bilirubin
☐	150	Direct Bilirubin
☐	300	B1B2
☐	210	Amylase
☐	200	LDH

☐ 1000 SERUM ELECTROLYTES (Na,K,Cl,Ca)

CLINICAL IMPRESSION:

Lab Blood Chem

LOURDES V KATIPUNAN MD
INTERNAL MEDECINE
PRC NO 0000408

Signiture Over Printer Name
(Requesting Physician)