

CLINICAL BIOCHEMISTRY REQUEST FORM

Lab Barcode Label

Collection Date & Time: _____ Clinical Diagnosis: _____

Received Date & Time: _____ Requesting Doctor

For Lab Use

Signature: _____

Clot ___ Hep ___ Fluo ___ EDTA ___

Others _____ Phlebotomist _____

Blood gas / pH		Proteins		Hormones	
<input type="checkbox"/>	Blood Gas*, <input type="checkbox"/> Arterial <input type="checkbox"/> Venous	<input type="checkbox"/>	Protein, Total	<input type="checkbox"/>	beta-HCG
<input type="checkbox"/>	Bicarbonate*	<input type="checkbox"/>	Albumin	<input type="checkbox"/>	Estradiol (E2)
Electrolytes		<input type="checkbox"/>	Globulin	<input type="checkbox"/>	FSH
<input type="checkbox"/>	Sodium (Na)	<input type="checkbox"/>	IgG	<input type="checkbox"/>	LH
<input type="checkbox"/>	Potassium (K)	<input type="checkbox"/>	IgA	<input type="checkbox"/>	AMH
<input type="checkbox"/>	Chloride (Cl)	<input type="checkbox"/>	IgM	<input type="checkbox"/>	Progesterone
<input type="checkbox"/>	Calcium	<input type="checkbox"/>	IgE	<input type="checkbox"/>	Prolactin
<input type="checkbox"/>	Ionized Calcium*(Dry Heparinized Syringe)	<input type="checkbox"/>	Complement C3	<input type="checkbox"/>	Testosterone
<input type="checkbox"/>	Inorganic Phosphate	<input type="checkbox"/>	Complement C4	<input type="checkbox"/>	Cortisol, <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/>	Magnesium	Heart		<input type="checkbox"/>	Insulin*
Diabetes		<input type="checkbox"/>	Troponin-T, HS	<input type="checkbox"/>	C-peptide*
<input type="checkbox"/>	Glucose, Fasting	<input type="checkbox"/>	CK-MB	<input type="checkbox"/>	ACTH*
<input type="checkbox"/>	Glucose, Random	<input type="checkbox"/>	NT-proBNP	<input type="checkbox"/>	Calcitonin
<input type="checkbox"/>	HbA1c	<input type="checkbox"/>	CK-Total	<input type="checkbox"/>	DHEA-SO4
<input type="checkbox"/>	Lactate*	<input type="checkbox"/>	LDH	Tumor Markers	
<input type="checkbox"/>	Fructosamine*	<input type="checkbox"/>	hs-CRP	<input type="checkbox"/>	AFP
<input type="checkbox"/>	OGTT (0,2 Hour)	<input type="checkbox"/>	Homocysteine*	<input type="checkbox"/>	CEA
<input type="checkbox"/>	OGTT (0,1,2 Hour)	Parathyroid		<input type="checkbox"/>	HE4
Pancreas		<input type="checkbox"/>	PTH*	<input type="checkbox"/>	ROMA Value
<input type="checkbox"/>	Amylase, Total	Nutritional		<input type="checkbox"/>	CA 125
<input type="checkbox"/>	Pancreatic Amylase	<input type="checkbox"/>	Prealbumin	<input type="checkbox"/>	CA 153
Liver		Anemia		<input type="checkbox"/>	CA 199
<input type="checkbox"/>	Liver Function Test (Bil-T, ALP, AST, ALT, GGT, TP, Alb)	<input type="checkbox"/>	Iron	<input type="checkbox"/>	CA 724
<input type="checkbox"/>	Bilirubin, Total	<input type="checkbox"/>	TIBC	<input type="checkbox"/>	PSA, Total
<input type="checkbox"/>	Bilirubin, Direct	<input type="checkbox"/>	Ferritin	<input type="checkbox"/>	Free PSA
<input type="checkbox"/>	Bilirubin, Indirect	<input type="checkbox"/>	Transferrin (12 hours fasting)	<input type="checkbox"/>	SCC
<input type="checkbox"/>	Alkaline Phosphatase (ALP)	<input type="checkbox"/>	Vitamin B12 (Fasting, wrap in foil)	<input type="checkbox"/>	Progastrin-releasing Peptide
<input type="checkbox"/>	AST (SGOT)	<input type="checkbox"/>	Ceruloplasmin*	Drugs / Toxicology	
<input type="checkbox"/>	ALT (SGPT)	<input type="checkbox"/>	Haptoglobin	<input type="checkbox"/>	Acetaminophen
<input type="checkbox"/>	Gamma GT	<input type="checkbox"/>	Folate, Serum	<input type="checkbox"/>	Carbamazepine
<input type="checkbox"/>	Ammonia*	<input type="checkbox"/>	Folate, RBC	<input type="checkbox"/>	Digoxin
Kidney		Inflammatory		<input type="checkbox"/>	Phenobarbital
<input type="checkbox"/>	Renal Function Test(Urea, Crea., Na, K, Cl)	<input type="checkbox"/>	CRP	<input type="checkbox"/>	Phenytoin
<input type="checkbox"/>	Urea	Rheumatology		<input type="checkbox"/>	Salicylate
<input type="checkbox"/>	Creatinine	<input type="checkbox"/>	Rheumatoid Factor (Quantitative)	<input type="checkbox"/>	Theophylline
<input type="checkbox"/>	eGFR	Thyroid		<input type="checkbox"/>	Valproic Acid
<input type="checkbox"/>	Uric Acid	<input type="checkbox"/>	TSH	<input type="checkbox"/>	Ethanol
Lipids		<input type="checkbox"/>	FT4	<input type="checkbox"/>	Cyclosporine A, Peak
<input type="checkbox"/>	Lipid Profile	<input type="checkbox"/>	FT3	<input type="checkbox"/>	Cyclosporine A, Trough
<input type="checkbox"/>	Cholesterol, Total	Vitamin D		Others	
<input type="checkbox"/>	HDL, Cholesterol	<input type="checkbox"/>	Vitamin D, Total (Fasting, wrap in foil)		
<input type="checkbox"/>	LDL, Cholesterol	Neonatal Screening			
<input type="checkbox"/>	Triglycerides	<input type="checkbox"/>	Neonatal Bilirubin (Heparinized capillary)		
<input type="checkbox"/>	Apolipoprotein A-1	Osmolality			
<input type="checkbox"/>	Apolipoprotein B	<input type="checkbox"/>	Osmolality, Plasma		
<input type="checkbox"/>	Lipoprotein (a)	<input type="checkbox"/>	Osmolality, Urine	<i>Remark: * Send samples on ICE</i>	