

# Patient Label

## Clinical Biochemistry Miscellaneous Request Form

Lab barcode label

Clinical Diagnosis: \_\_\_\_\_  
 Requesting Doctor  
 Signature: \_\_\_\_\_

**Body Weight:** \_\_\_\_\_ **kg**      **Body Height:** \_\_\_\_\_ **cm**

**Collection Period:** \_\_\_\_\_ **to** \_\_\_\_\_ *(Applies to 24-hour urine only)*

**Collection Date & Time:** \_\_\_\_\_

**Received Date & Time:** \_\_\_\_\_

<b>24-Hour Urine</b>		<b>Spot Urine</b>	
	Creatinine Clearance		Spot Urinary Sodium
	24-Hour Urinary Urea		Spot Urinary Potassium
	24-Hour Urinary Creatinine		Spot Urinary Creatinine
	24-Hour Urinary Protein		Spot Urinary Urea
	24-Hour Urinary Albumin		Spot Urinary Microalbumin
	24-Hour Urinary Microalbumin		Spot Urinary Albumin
	24-Hour Urinary Amylase		Spot Urinary Amylase
	24-Hour Urinary Calcium		Spot Urinary Calcium
	24-Hour Urinary Cortisol		Spot Urinary Cortisol
	24-Hour Urinary Glucose		Spot Urinary Magnesium
	24-Hour Urinary Sodium		Spot Urinary Protein
	24-Hour Urinary Potassium		Spot Urinary Phosphorus
	24-Hour Urinary Chloride		Spot Urinary Uric Acid
	24-Hour Urinary Uric Acid		Urine Microalbumin / Creatinine Ratio
	24-Hour Urinary Magnesium		Urine Total Protein / Creatinine Ratio
	24-Hour Urinary Phosphorus		Urine Calcium / Creatinine Ratio
	24-Hour Urinary VMA		
<b>Body Fluid; _____ (please specify)</b>		<b>Others</b>	
	Glucose		
	Protein		
	ADA		
	LDH		
	Urea		
	Creatinine		
	Uric Acid		
	Sodium		
	Protein, Total		
	Albumin		
	Bilirubin, Total		
	Amylase		
	Cholesterol		
	Triglycerides		

