

TEST REQUEST FORM

Urgent Routine

LAB NO./PATIENT IDENTIFICATION NO: _____

Patient Name:	Referring Doctor:
Patient Contact No & Email:	Referring Doctor's No & Email:
Age/Sex:	Hospital/Lab Name & Address:
Date/Time of Sample Collection:	Doctor's Signature and Date:

Bl-Blue Stopper (Sodium Citrate), Gr-Green Stopper (lithium Heparin), Go (Gold Stopper (SST) for Serum Samples, Gy-Grey Stopper (Flouride Oxalate) Purple Stopper (EDTA), Red Stopper (Plain), Ur-Urine Specimen, Vc-Visit or call El-Lab, St- Stool Specimen

Present Medications if any _____ LMP Fasting Non-Fasting

Day	Mth	Yr

Sample Type: Venous Blood Arterial Blood Capillary Blood Urine CSF Others (Please Specify) _____

Provisional Diagnosis/Relevant Clinical Details _____

Opening Hours: 8am-8pm (Mon-Sat), 11am-5pm (Sun), 8am-8pm Public Holidays. For dispatch (sample pick-up), please call 0809-546-1695, 0808-073-3112

PATHOLOGY

<p>CLINICAL CHEMISTRY</p> <p>Kidney</p> <ul style="list-style-type: none"> 001 ⊕ Electrolytes 002 ⊕ Sodium 003 ⊕ Potassium 004 ⊕ Chloride 005 ⊕ Bicarbonate 006 ⊕ Calcium 007 ⊕ Phosphate 008 ⊕ Magnesium 009 ⊕ Creatinine 010 ⊕ Urea 011 ⊕ Uric Acid 012 ⊕ Urinalysis 013 ⊕ Creatinine Clearance <p>Liver</p> <ul style="list-style-type: none"> 101 ⊕ Bilirubin (total) 102 ⊕ Bilirubin (conj) 103 ⊕ AST (SGOT) 104 ⊕ ALT (SGPT) 105 ⊕ GGT* 106 ⊕ ALP 107 ⊕ ACP 108 ⊕ LDH* 109 ⊕ Amylase <p>Heart</p> <ul style="list-style-type: none"> 201 ⊕ Total Protein 202 ⊕ Albumin 203 ⊕ Globulin 204 ⊕ Homocysteine* 205 ⊕ CK-MB* 206 ⊕ Myoglobin* 207 ⊕ Troponin I* 208 ⊕ Troponin T* 209 ⊕ CRP 210 ⊕ hsCRP 211 ⊕ G6PD Quantitative* 212 ⊕ G6PD Qualitative* 213 ⊕ Microalbumin 214 ⊕ Serum Osmolality* 215 ⊕ Urine Osmolality* 216 ⊕ CSF-Analysis 217 ⊕ CSF-Protein 	<ul style="list-style-type: none"> 218 ⊕ CSF-Glucose 219 ⊕ Glucose (Fasting) 220 ⊕ Glucose (Random) 221 ⊕ Glucose (ZHPP) 222 ⊕ OGTT 223 ⊕ HBA1c 224 ⊕ C-Peptide* 225 ⊕ Insulin (Fasting)* <p>Lipid Profile</p> <ul style="list-style-type: none"> 301 ⊕ Total Cholesterol 302 ⊕ HDL Cholesterol 303 ⊕ LDL Cholesterol 304 ⊕ Triglycerides 305 ⊕ VLDL <p>Thyroid Profile</p> <ul style="list-style-type: none"> 306 ⊕ TSH 307 ⊕ T4 (Total) 308 ⊕ T3 (Total) 309 ⊕ T4 (Free) 310 ⊕ T3 (Free) 311 ⊕ Thyroid Abs 312 ⊕ TSHR Abs 313 ⊕ PTH* <p>Fertility Profile</p> <ul style="list-style-type: none"> 401 ⊕ β-HCG 402 ⊕ Prolactin 403 ⊕ FSH 404 ⊕ LH 405 ⊕ Estradiol (E2) 406 ⊕ Progesterone (Day 21) 407 ⊕ Progesterone 408 ⊕ DHEA* 409 ⊕ DHEA-S* 410 ⊕ Testosterone 411 ⊕ ACTH 412 ⊕ Cortisol* 413 ⊕ Cortisol (Urine) 414 ⊕ Anti-Mullerian Hormone (AMH) 415 ⊕ Growth Hormone <p>Tumour Markers</p> <ul style="list-style-type: none"> 501 ⊕ PSA (Total) 502 ⊕ PSA (Free) 503 ⊕ AFP 504 ⊕ β2 Microglobulin 505 ⊕ CEA* 506 ⊕ Ca125* 	<p>SEROLOGY/ IMMUNOLOGY</p> <ul style="list-style-type: none"> 601 ⊕ HIV I & II 602 ⊕ Cd4 Count* 603 ⊕ HIV Confirmation (PCR)* 604 ⊕ HIV Genotype* 605 ⊕ HIV Viral load* 606 ⊕ HIV Drug Resistance Testing 607 ⊕ Antiphospholipid Antibody-IgG* 608 ⊕ Antiphospholipid Antibody-IgM* 609 ⊕ Rheumatoid Factor 610 ⊕ ASO (Qualitative) 611 ⊕ ASO (Quantitative)* 612 ⊕ Widal 613 ⊕ Pregnancy Test (Blood) 614 ⊕ RPR/VDRL 615 ⊕ TPHA* 616 ⊕ Chlamydia 617 ⊕ H.Pylori (Blood) 618 ⊕ H.Pylori (Stool) 619 ⊕ Herpes Simplex (HSV) I ;IgG, IgM* 620 ⊕ Herpes Simplex (HSV) II; IgG, IgM* 621 ⊕ Rubella-IgG* 622 ⊕ Rubella-IgM* 623 ⊕ Cytomegalovirus (CMV)* 624 ⊕ HPV Confirmation (PCR) 625 ⊕ HPV Genotype 626 ⊕ HPV PCR 627 ⊕ Toxoplasma-IgG* 628 ⊕ Toxoplasma-IgM* 629 ⊕ TORCH-IgG* 630 ⊕ TORCH-IgM* 631 ⊕ Mumps-IgG* 632 ⊕ Mumps-IgM* 633 ⊕ Paternity/Maternity Testing* 634 ⊕ DNA Profile* 635 ⊕ Bcr Abl Detection PCR* 636 ⊕ Bcr Abl Quantitation <p>Hepatitis tests</p> <ul style="list-style-type: none"> 637 ⊕ HBsAg 638 ⊕ HBsAg (Quantification)* 639 ⊕ HBsAb 640 ⊕ HBcAb 641 ⊕ HBeAg 642 ⊕ HBeAb 	<ul style="list-style-type: none"> 443 ⊕ HBcAb (IgM) 444 ⊕ HB Viral Load 445 ⊕ Anti-HCV 446 ⊕ HCV Genotype 447 ⊕ HC Viral Load* <p>ALLERGY</p> <ul style="list-style-type: none"> 701 ⊕ Food Screen /Allergen 702 ⊕ Inhalents <p>DRUG SCREEN</p> <ul style="list-style-type: none"> 703 ⊕ Marijuana (THC) 704 ⊕ Cannabis 705 ⊕ Amphetamine 706 ⊕ Methamphetamine 707 ⊕ Cocaine 708 ⊕ Opiates 709 ⊕ Benzodiazepines 710 ⊕ Basitratates 711 ⊕ Morphine 712 ⊕ Salicylate 713 ⊕ Ethanol 714 ⊕ Paracetamol <p>CYTOLOGY/HISTOLOGY</p> <ul style="list-style-type: none"> 715 ⊕ Pap Smear 716 ⊕ Barr Bodies 717 ⊕ Fluid Cytology 718 ⊕ FNAC 719 ⊕ Histology small part 720 ⊕ Histology large part <p>HEMATOLOGY</p> <ul style="list-style-type: none"> 801 ⊕ FBC 802 ⊕ Hb/PCV 803 ⊕ WBC + Diff Count 804 ⊕ Reticulocyte Count* 805 ⊕ ESR 806 ⊕ Blood Film 807 ⊕ Blood Group 808 ⊕ Genotype 809 ⊕ Hb Genotype (PCR)* 810 ⊕ Hb DNA Genotype (Sequencing)* 811 ⊕ Sickle Cell Disease PCR 812 ⊕ Protein Electrophoresis 813 ⊕ Bleeding Time 814 ⊕ Clotting Time 815 ⊕ PT/INR 	<ul style="list-style-type: none"> 816 ⊕ PTTK 817 ⊕ Protein c* 818 ⊕ Protein S* 819 ⊕ VWF* 820 ⊕ Factors Assays* 821 ⊕ D-dimer 822 ⊕ Fibrinogen 823 ⊕ Coombs Test (Direct) 824 ⊕ Coombs Test (Indirect) 825 ⊕ Ferritin* 826 ⊕ Iron* 827 ⊕ Iron Binding Capacity (TIBC)* 828 ⊕ Transferrin* 829 ⊕ Iron Studies (Serum Iron, TIBC, Transferrin Saturation)* 830 ⊕ Folic Acid* 831 ⊕ Vitamin B12* 832 ⊕ Anti D(RH) AntibodyTitre* 833 ⊕ Vitamin D3* <p>MICROBIOLOGY/PARASITOLOGY</p> <ul style="list-style-type: none"> 901 ⊕ Semen Analysis(& Culture) 902 ⊕ Malaria Parasite 903 ⊕ Malaria PCR 904 ⊕ Trypanosomes 905 ⊕ Microfilaria (Blood) 906 ⊕ Microfilaria (Skin Snip) 907 ⊕ Tuberculin 908 ⊕ M. tuberculosis PCR 909 ⊕ AFB 910 ⊕ Mantoux 911 ⊕ All Cultures & (Sensitivity) -Urine, Blood, HVS, Semen, Stool, Exudate, Urethral, Sputum, Ear, Nose, Throat Swab, Aspirate, Wound swab, CSF, Catheter tip, Tissue, Endocervical 912 ⊕ Fungal Studies 913 ⊕ TB Quantiferon* <p>OTHERS (Please Specify) _____</p>
---	--	--	---	---



EL-RF.05 Ver 03
 Prepared by: Joy Asuquo
 Reviewed by: Dr N.S Nwosu
 Approved by: Elochukwu Adibo
 Effective Date: 31/01/2016
 Next Review Date: 30/01/2017

EL-LAB LIMITED
 Plot 603 'S' Close,
 3rd Avenue. by 32 Road Junction
 Festac Town, Lagos State.
 0809-546-1695, 0808-073-3112
www.el-lab.org info@el-lab.org



RADIOLOGY

DIGITAL X-RAY	⁹⁴⁸ Orbit ⁹⁴⁹ Paranasal Sinus ⁹⁵⁰ Facial Bones ⁹⁵¹ Pituitary Fossa ⁹⁵² Shoulder Joint ⁹⁵³ Elbow Joint ⁹⁵⁴ Wrist Joint ⁹⁵⁵ Hands/Fingers ⁹⁵⁶ Forearm (Radius & Ulna) ⁹⁵⁷ Upper Arm (Humerus) ⁹⁵⁸ Hip Joint	⁹⁶⁰ Knee Joint ⁹⁶¹ Ankle Joint ⁹⁶² Foot ⁹⁶³ Leg (Tibia & Fibula) ⁹⁶⁴ Thigh (Femur) ⁹⁶⁵ Pelvis ⁹⁶⁶ Cervical Pine Spine ⁹⁶⁷ Thoracic Spine ⁹⁶⁸ Thoracolumbar Spine ⁹⁶⁹ Lumbosacral Spine ⁹⁷⁰ Sacroiliac Joint	⁹⁷¹ Thoracic Inlet ⁹⁷² Scapula ⁹⁷³ Clavicle ⁹⁷⁴ Lateral Pelvimetry ⁹⁷⁵ Skeletal Survey
DIGITAL FLUOROSCOPY (SPECIAL)	⁹⁸⁸ Thoracic Myelogram ⁹⁸⁹ Lumbar Myelogram ⁹⁹⁰ Fistulogram ⁹⁹¹ Sinogram ⁹⁹² Cystography ⁹⁹³ RUCG ⁹⁹⁴ MCUG	⁹⁸⁸ Intravenous Urography (IVU) ⁹⁸⁹ Retrograde Pyelography ⁹⁹⁰ Oral Cholecystogram ⁹⁹¹ T-Tube Cholangiogram ⁹⁹² Arthrogram ⁹⁹³ Venogram ⁹⁹⁴ Fluro-Guided Biopsy	
ULTRA SOUND SCAN	^{A003} Thyroid/Neck ^{A004} Scotal/Testicular ^{A005} Breast ^{A006} Transvaginal ^{A007} Transrectal/Prostate ^{A008} Musculoskeletal ^{A009} Folliculometry ^{A010} Superficial Tumor/Soft Tissue ^{A011} USS-Guided Biopsy	ELECTROCARDIOGRAM (ECG)	^{A112} ECG (Pre-exercise only) ^{A113} ECG (Pre & Post Exercise) ^{A114} ECHOCARDIOGRAPHY ^{A115} ELECTROENCEPHALOGRAPHY (EEG)
VASCULAR (DOPPLER) ULTRASOUND	MAMMOGRAM	HEALTH CHECKUP/WELLNESS PACKAGES	
^{A17} Lower Extremity (Arterial) ^{A18} Lower Extremity (Venous) ^{A19} Upper Extremity (Arterial) ^{A20} Upper Extremity (Venous) ^{A21} Carotid ^{A22} Renal (Kidney) ^{A23} Hepatic (Liver) ^{A24} Transcranial	^{A25} MAMMOGRAPHY (Diagnostic) ^{A26} MAMMOGRAPHY (Screening)	Basic Executive Silver Gold Diamond Platinum Pregnancy	Pre-School Food Handlers Test Pre-Employment Screening Domestic/House Keeper Screening Others (Please Specify)

GUIDELINES FOR REFERRALS AND REPORTING TERMS

GENERAL REQUIREMENTS

All the information on the request form **MUST** be correctly filled.

IMAGING AND CARDIOLOGY

Some of the procedures may need prior preparations. Kindly visit the center or website for more details

CYTOLOGY/HISTOLOGY

Tissues are advised to be sent in 10% formosaline (formalin) inside a well-labeled secured container that is large enough to contain formalin that is at least 5 times the volume of the tissue for adequate preservation.

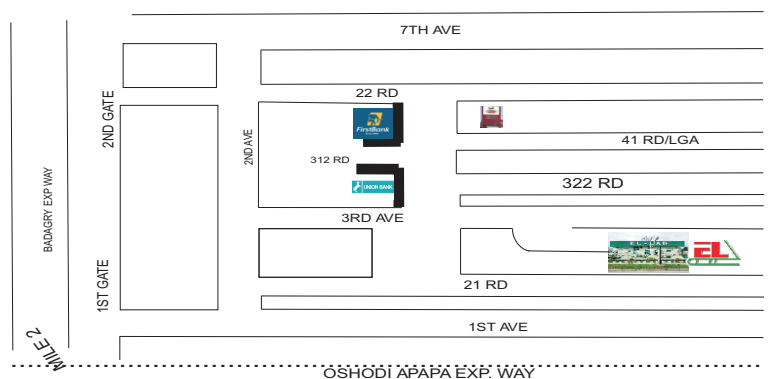
Fluids should be sent as fresh as possible or kept in the fridge (if transport to the lab is not immediate) in a clean well-labeled secured container (avoid being left in the syringe)

For **IMMUNOHISTOCHEMISTRY REQUESTS AND SECOND OPINIONS**, referral notes should be accompanied by copy of previous result(s) and appropriate sample glass slides, paraffin block(s) or raw tissues representative of lesion.

SMEARS (PAP SMEARS, BUCCAL SMEARS OR ASPIRATIONS) should be sent in fixed (preserved in cytofix/absolute methanol) well-labeled frosted-end glass slides and transported in secured containers e.g Slides jackets.

It is advisable appropriate imaging (scans, X-rays etc) is done prior to FINE NEEDLE ASPIRATION CYTOLOGY CLINIC (FNAC or FNACLINIC) referral and ensure details or copy of the imaging report(s) are included in the referral note.

ROUTE MAP



*Send Out Tests

For Laboratory use

Collected by..... Time..... Date.....

Received by Time..... Date.....