

	<h1>Bureau of Corrections</h1>	Document Reference Code NBP-WI-005-F099	
		Revision No. 0	Effectivity Date 01/05/2018
LABORATORY REQUEST FORM		Page 1 of 1	

Laboratory Request Form

NAME:		AGE:	SEX:	WARD (If Admitted):
PRISON NUMBER:		BED NO.:	ATTENDING PHYSICIAN:	
GENERAL			URINE	
<input type="checkbox"/> ALT <input type="checkbox"/> Albumin <input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> Amylase <input type="checkbox"/> AST <input type="checkbox"/> CBC <input type="checkbox"/> ASO <input type="checkbox"/> Bilirubin, Direct <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> BUN <input type="checkbox"/> Calcium <input type="checkbox"/> Cholesterol	<input type="checkbox"/> Chloride <input type="checkbox"/> Creatinine <input type="checkbox"/> FBS <input type="checkbox"/> Hepatic Profile <input type="checkbox"/> Hgb A1C <input type="checkbox"/> Immunoglobulin Profile <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphorous <input type="checkbox"/> Potassium <input type="checkbox"/> Sed Rate (ESR)	<input type="checkbox"/> Sodium <input type="checkbox"/> T3, Total <input type="checkbox"/> T4, Total <input type="checkbox"/> Triglycerides <input type="checkbox"/> TSH <input type="checkbox"/> Uric Acid <input type="checkbox"/> Complete Blood Chemistry	<input type="checkbox"/> Urinalysis <input type="checkbox"/> Urine Culture <ul style="list-style-type: none"> <input type="checkbox"/> Catheterization <input type="checkbox"/> Clean Catch <input type="checkbox"/> Drug Testing	
			STOOL	
			<input type="checkbox"/> Fecalysis	