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REG. NO. 052115698

REFERRING DOCTOR	TEL:
CLINIC:	PRIORITY: _____
PHONE: _____	EMAIL: _____
Barcode	

PATIENT DETAILS	RESULT COLLECTION DETAILS	PAYMENT DETAILS
LAST NAME: _____ FIRST NAMES: _____ DATE OF BIRTH: DD / MM / YY AGE: _____ GENDER: _____ MOBILE NUMBER: _____ ID NUMBER: _____ ADDRESS: _____	DATE: _____ TIME: _____ BY PATIENT: _____ DELIVER: _____ EMAIL: _____ CLINICAL INFORMATION LMP: _____ PREGNANT: YES <input type="checkbox"/> NO <input type="checkbox"/> PATIENT FASTING: YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> BY PATIENT <input type="checkbox"/> MONTHLY PAYMENT PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT

BIOCHEMISTRY	BIOCHEMISTRY	HAEMATOLOGY	SEROLOGY	MICROBIOLOGY
LIVER / PANCREAS	HEART / MUSCLE	CBC, Platelets & DIFF.	HIV TESTS	URINE
Liver Functions(LFT)	CK	ESR	HIV Ab. (ELISA)	Routine Examination
Bilirubin - Total	CK-MB Mass	Malaria Thick / Thin Smear	HIV Viral Load	M,C&S
Bilirubin - Direct	Troponin I	Malaria Antigen Test	CD4	SPUTUM
Total Protein	LIPID METABOLISM	Blood Parasites	TUMOUR MARKERS	M,C&S
Albumin	Lipogram - fasting	Blood Group (ABO & Rh)	PSA (Total)	TB (AFB) Microscopy
Alkaline Phosphatase	Cholesterol	Direct Coombs	PSA (Free)	TB/rif Screen (PCR)
Gamma GT	Triglycerides - (Fasting)	Indirect Coombs (RH Ab.)	CEA (GIT)	FAECES
AST (GOT)	HDL	Sickling Test (Rapid)	CA 19-9 (GIT / Pancreas)	Routine Examination
ALT (GPT)	LDL	Hb Electrophoresis	CA 125 (Ovary)	M,C&S
LDH-P	GLUCOSE METABOLISM	COAGULATION	CA 15-3 (Breast)	Bacterial PCR
Amylase	GTT - 75g - 2hrs.- fasting	Prothrombin Index (INR)	CA 72-4 (Gastric / Ovary)	Parasitology Screen
Lipase	Glucose - Random	APTT	AFP	Parasitology PCR/OCP
RENAL / BONE	Glucose - Fasting	Bleeding Time	Beta 2 Microglobulin	Adeno / Rotavirus
U & E, Creatinine	Glucose - Postprandial (2H PP)	D-Dimer (Semi-Quantitative)	DRUG MONITORING	Occult Blood
Electrolytes	HbA1C (Glycocolated Hb)	SEROLOGY	Phenytoin (Epanutin)	H pylori Stool Antigen
Urea	ENDOCRINE	HEPATITIS MARKERS	Carbamazepine (Tegretol)	SWAB
Creatinine	LH	Hep. A IgG	Vaproic Acid (Epilem)	Site:.....
Creatinine POC	FSH	Hep. A IgM	DRUGS OF ABUSE	M,C&S
Total Calcium(Corrected)	Progesterone	Hep. B surface Antigen	10 DRUG Screen	(Swab in Transport Medium)
Magnesium	Prolactin	Hep. B surface Antibody	(Collect container from Lab.)	Group B streptococcus PCR
Inorganic Phosphate	Estradiol (E2)	Hep. B core IgG Antibody	PROFILES / SCREEN	Chlamydia/Gon. PCR
Uric Acid	Total Testosterone	Hep. B core IgM Antibody	Well Man Screen <39	(Collect Swabs from Lab)
24H Urine Creatinine Clearance	Cortisol (Total)	Hep Be Antigen	Well Man Screen >=40	Blood Culture
24H Urine Protein	Testosterone (Profile)	Hep Be Antibody	Well Woman Screen <39	(Collect Bottles From Lab)
24H Urine Microalbumin	OBSTETRIC	Hepatitis B Viral Load	Well Woman Screen >=40	TB: IGRA
NUTRITION	Beta-HCG Quantitative	Hep. C screen	Menopausal Screen	CSF/ BODY FLUID
Iron (Fe)	Beta-HCG Qualitative	CRP	Infertility (Female) Screen	Microscopy & Chemistry
Ferritin	Pregnancy Test - urine	ASOT	Infertility (Male) Screen	M,C &S
Transferrin	ANDROLOGY	Rheumatoid Factor (RF)	(See back for Profiles)	CSF Bacterial PCR
Vit. B12	Semen Analysis (Routine)	RPR	CYTO / SEX HEALTH	CSF Viral PCR
Folate (Serum)	Post Vasectomy	TPHA	Cervical (PAP) Smear	Aspirate site.....
Folate (Serum)	Semen M,C&S	H. pylori Ab.(Serum)	Body Fluid	FUNGAL CULTURE
Red Cell Folate	OTHER TESTS	Typhoid IgG, IgM	HPV PCR	Site:.....
THYROID		Brucella Screen	STI Screen PCR	Microscopy
Thyroid Function (TFT)		Rubella IgG, IgM	SPECIMENS RECEIVED	Culture
Free T4		Toxoplasma IgG, IgM	TAKEN PRE. LAB	Skin Snip(Onco)
Free T3		Bilharzia Serology	H F	TUBE GUIDE
TSH		Paul Bunnell (I.M.)	F E	GROUP TESTS ARE SHADED
			C SC	C CLOTTED E EDTA
			U S	F FLUORIDE H HEPARIN
				SC SODIUM CITRATE
				U URINE S STOOL
				Specimen Received in Lab
				Date:
				Time:
				By :
				Amount Billed
				Amount Paid
				Balance

I certify that the above information is correct. I give specific consent for test analysis and fully understand the implications of the test(s) and I have received adequate pre test counseling. I undertake to pay outstanding monies not covered by the medical aid or insurance.

Signature: _____

SPECIMEN COLLECTION DETAILS

Date: _____
 Time: _____
 By: _____

Amount Billed

Amount Paid

Balance

Form Filled By:

Registered By:

Received By:

PROFILES

BIOCHEMISTRY:

LFT - Total Bilirubin, Direct Bilirubin, ALP, AST (GOT), ALT (GPT), GGT, Total Protein, Albumin

U & E - Na, K, Cl, Urea, Creatinine

LIPIDS - Cholesterol, Triglyceride, HDL, LDL(Calculated).

THYROID:

TFT - Free T4, Free T3, TSH

ENDOCRINE:

INFERTILITY SCREEN (Male) - (Abnormal semen analysis assumed): FSH, LH, Prolactin

INFERTILITY SCREEN (Female) - FSH, LH, Prolactin, Oestradiol(E2), Progesterone,

Total Testosterone, SHBG, TSH, DHEAS (Day 21)

MENOPAUSAL SCREEN - FSH, LH, Oestradiol (E2)

Total Testosterone, SHBG

HAEMATOLOGY:

BLEEDING TENDENCY SCREEN - CBC & Platelets, INR, aPTT, Bleeding Time, Clotting Time

DIC SCREEN - CBC & Platelets, INR, aPTT, D-dimer.

METABOLIC PROFILE:

LFT, BUE, Creatinine, LIPIDS, HBA1C, Calcium

PRE-EMPLOYMENT

Blood Group, U&E, Creatinine, LFT, CBC, HIV, Random Glucose

FURTHER CLINICAL DETAILS

SPECIMEN COLLECTION INSTRUCTIONS

BLOOD COLLECTION

PLAIN GEL TUBE (LARGE NUMBER OF TESTS MAY REQUIRE TWO TUBES)

EDTA 5ML TUBE (MIX GENTLY)

SODIUM CITRATE TUBE (EXACT AMOUNT OF BLOOD TO BE ADDED MARKED ON TUBE)

FLUORIDE TUBE (2ML)

LITHIUM-HEPARIN (MIX GENTLY)

URINES

MID STREAM URINE (REFRIGERATE)

(UNRINE COLLECTION INSTRUCTIONS AVAILABLE FROM LAB)

FAECES

CONTAINER SHOULD BE 1/4 FULL

PAP Smear/HrHPV (PCR)

THIN PREP VIALS AVAILABLE FROM LAB

FAILURE TO COLLECT SPECIMENS INTO CORRECT CONTAINERS MAY RESULT IN THE RECOLLECTION OF THE SPECIMEN

SWABS

SWABS AVAILABLE FROM THE LAB

CHLAMYDIA / GONORRHOEA (PCR)

MALE - FIRST PASS URINE (REFRIGERATE)

FEMALE - SPECIAL CHLAMYDIA GONORRHOEA SWAB YELLOW TOP

SEROLOGY:

ARTHRITIS SCREEN - CBC & Platelets, ESR, CRP, RF, Uric Acid, ANA (If ANA is positive, do Anti-DNA and ENA)

WELL MAN SCREEN ≤39 - CBC & Platelets, Creatinine, Cholesterol, Glucose (fasting), TSH, URE, GGT, AST, ALT, Hep B Surface Antigen.

WELL MAN SCREEN ≥40 - CBC & Platelets, Creatinine, Cholesterol, Glucose (fasting), TSH, URE, GGT, AST, ALT, Hep B Surface Antigen, HDL, PSA, Faeces Occult Blood.

WELL WOMAN SCREEN ≤39 - CBC & Platelets, Creatinine, Glucose (fasting), Cholesterol, TSH, URE, GGT, ALT, AST, Hep B Surface Antigen, PAP smear.

WELL WOMAN SCREEN ≥40 - CBC & Platelets, Creatinine, Glucose (fasting), Cholesterol, TSH, URE, GGT, ALT, AST, Hep B Surface Antigen, PAP smear, HDL, Faeces Occult Blood

SEXUALLY TRANSMITTED INFECTION SCREEN

FEMALE - Chlamydia|Gonorrhoea, HIV, Syphilis-TPHA

[Trichomonas|Bacterial Vaginosis (PCR Screen)

Specimen: UVE | E-SWAB Collection Kit (Available from LAB)

MALE - Chlamydia|Gonorrhoea (PCR Screen), HIV,

Syphilis- TPHA

