

BLOOD CHEMISTRY TEST LABORATORY REQUEST FORM

Patient Name

Date

Age

Sex



Patient ID / MRN

Requesting Physician

Contact Number

Requested Blood Chemistry Tests

Fasting Blood Sugar (FBS)

Random Blood Sugar (RBS)

HbA1c

BUN

Creatinine

Uric Acid

Cholesterol

Triglycerides

HDL

LDL

SGOT (AST)



SGPT (ALT)



Sodium



Potassium



Calcium



Others

Clinical Information / Remarks

Requesting Physician's Signature

Date & Time