

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