Liver Function Test Lab Request

Patient Information

Full Name:

Date of Birth:

Gender:

Patient ID:

Contact:

Request Details

Request Date:

Referring Doctor:

Department:

Contact Number:

Requested Liver Function Tests

Test	Tick
Alanine Transaminase (ALT/SGPT)	
Aspartate Transaminase (AST/SGOT)	
Alkaline Phosphatase (ALP)	
Total Bilirubin	
Direct Bilirubin	
Gamma-Glutamyl Transferase (GGT)	
Total Protein	
Albumin	
Others (specify)	

Clinical Information (Optional)

Physician's Signature:

Date: