PathCare Nigeria

IN ASSOCIATION WITH:
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| Referring Doctor | Doctor's Code | Doctor's NMA No. | URGENT ☐ |
|---|---|---|---|
| Hospital & Ward | | File Number | Contact Person: |
| Patient Surname | Patient First Name | | Please tick no. supplied (✓) Tel ☐ Fax ☐ Cell ☐ |
| Address / Postal Address | | | |
| Tel. (h) | Tel. (w) | Cell | E-mail |
| Date of Birth D M Y | GENDER (✓) M ☐ F ☐ | Company / Health Insurance | |
| Company I.D No. Health Insurance No. | | | |

☐ BILL PATIENT ☐ BILL HOSPITAL ☐ BILL COMPANY / HEALTH INSURANCE

***Relevant Clinical Data and Present Medication:*** LMP D ☐☐ M ☐☐ Y ☐☐☐☐ FASTING (✓) ☐ YES ☐ NO

***Other Tests:***

## CHEMISTRY

| | | |
|---|---|---|
| G | 1001 ☐ | ELECTROLYTES / UREA \ CREATINNIE |
| G | 1263 ☐ | ELECTROLYTES |
| G | 1262 ☐ | UREA |
| G | 1261 ☐ | CREATININE |
| GU◇ | 1005 ☐ | CREATININE CLEARANCE |
| F | 1044 ☐ | GLUCOSE (fast) |
| F | 1045 ☐ | GLUCOSE (random) |
| ☎ | 1046 ☐ | GLUCOSE TOLERANCE (2hr) |
| ☎ | 1047 ☐ | GLUCOSE TOLERANCE (Pregnancy) |
| P | 1048 ☐ | HbA1c (GLYCATED Hb) |
| G | 1038 ☐ | LIPOGRAM (Fasting) |
| G | 1016 ☐ | LIVER FUNCTIONS |
| G | 1007 ☐ | URIC ACID (serum) |
| U | 1006 ☐ | PROTEIN (24hr Urine) |
| K | 1020 ☐ | BILIRUBIN (Neonatal) |
| K | 3043 ☐ | HEMATOCRIT (Neonatal) |

## ENDOCRINOLOGY

| | | |
|---|---|---|
| G | 1236 ☐ | DOWN'S SCREEN (see reverse side) |
| G | 1064 ☐ | MENOPAUSAL SCREEN |
| GG | 1065 ☐ | HIRSUTISM SCREEN |
| G | 4860 ☐ | MENSTRUAL IRREGULARITY SCREEN |
| G | 3203 ☐ | OVULATORY PROFILE (Day 21) |
| GG | 1067 ☐ | INFERTILITY (Female) (rest 15 minutes) |
| G | 1068 ☐ | INFERTILTY (Males) (rest 15 minutes) |
| G | 1951 ☐ | FREE ANDROGEN INDEX (SHBG testosterone) |
| G | 4859 ☐ | GALACTORHOEA SCREEN (rest 15 minutes) |
| GG | 1361 ☐ | PITUITARY SCREEN (rest 15 minutes) |
| P/GG/U◇ | 2973 ☐ | OSTEOPOROSIS SCREEN |
| ☎ | 1069 ☐ | SEMEN ANALYSIS |
| G | 1062 ☐ | THYROID FUNCTIONS (TSH / T4) |
| G | 1063 ☐ | THYROID ANTIBODIES |

## ENDOCRINOLOGY

| | | |
|---|---|---|
| G | 1071 ☐ | -HCG (Quantitative) |
| G | 1079 ☐ | DHEA-S |
| G | 1060 ☐ | FREE T4 |
| G | 1074 ☐ | FSH |
| G | 1075 ☐ | LH |
| G | 1076 ☐ | OESTRADIOL |
| G | 1077 ☐ | PROGESTERONE (Ovulation day 21) |
| G | 1073 ☐ | PROLACTIN (rest for 15 minutes) |
| G | 1058 ☐ | TSH |
| G | 1059 ☐ | TSH Neonatal (Cord Blood) |
| G | 1080 ☐ | TESTOSTERONE (TOTAL) |

## CYTOGENETICS

| | | |
|---|---|---|
| | 1337 ☐ | AMNIOTIC FLUID |

## HAEMATOLOGY

| | | |
|---|---|---|
| GPR | 1107 ☐ | ANTENATAL SCREEN |
| GGPR | 1108 ☐ | ANTENATAL SCREEN & HIV |
| P | 1111 ☐ | FBC / ESR |
| P | 1110 ☐ | FBC |
| P | 1114 ☐ | ESR |
| P | 1122 ☐ | Hb ELECTROPHORESIS |
| R/G | 1123 ☐ | BLOOD GROUP + ANTIBODY SCREEN |
| G | 1117 ☐ | FERRITIN |
| PG | 1118 ☐ | FOLATE |
| P | 1112 ☐ | HAEMOGLOBIN |
| G | 1119 ☐ | VITAMIN B 12 |

## SEROLOGY

| | | |
|---|---|---|
| GGP | 1396 ☐ | ARTHRITIS SCREEN |
| GP | 1165 ☐ | AUTO-IMMUNE SCREEN |
| G | 1171 ☐ | CARDIOLIPIN ANTIBODIES |
| G | 1634 ☐ | CHLAMYDIA ANTIGEN |
| U | 1184 ☐ | CHLAMYDIA PCR (Urine) |
| G | 1186 ☐ | HERPES SIMPLEX I /II |
| G | 1203 ☐ | HIV 1 & 2 ANTIBODIES |
| G | 2342 ☐ | RPR / VDRL |
| G | 1188 ☐ | T PALLIDUM ELISA |
| G | 1179 ☐ | RUBELLA IMMUNITY (IgG ONLY) |
| G | 2345 ☐ | RUBELLA IgM |

## TUMOR MARKERS

| | | |
|---|---|---|
| G | 1094 ☐ | AFP |
| G | 1092 ☐ | CA 125 (Ovary) |
| G | 1093 ☐ | CA 15.3 (Breast) |
| G | 1090 ☐ | CEA (G.I.T., Lung, Breast) |

## FOETAL MATURITY

| | | |
|---|---|---|
| | 1548 ☐ | BUBBLE TEST |
| | 1945 ☐ | FLM (foetal lung maturity) |
| | 1339 ☐ | LS & PG |

## MICROBIOLOGY

| | | |
|---|---|---|
| MSTD | ☐ | URETHRAL / VAGINAL SWAB |
| MUR | ☐ | URINE M, C & S |

## CYTOLOGY

*RELEVANT CLINICAL DATA AND PRESENT MEDICATION (Please supply)*

## LMP

☐ PREGNANT /40W
☐ POSTPARTUM /52W
☐ LACTATING
☐ POSTMENOPAUSAL
☐ LASER-/CRYOTHERAPHY
☐ RADIO-Rx / CHEMO-Rx
☐ IUD
☐ HORMONES (SUPPLY) _____

## SPECIMEN ORIGIN

ECTOCERVIX ☐ ENDOMETRIUM
ENDOCERVIX ☐ VAGINAL VAULT
POSTERIOIR FORNIX ☐ VULVA
LAT FORNIX FOR HORMONAL ASSESMENT

**PREVIOUS REFERENCE No.**

**(p.t.o.)**

530 ☐ Home

Collected by | Date
Location code | Time

**FOR LABORATORY USE**

Received by | Logged by
Date | Time | Checked by

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7
☐8 ☐9 ☐10 ☐20 ☐30 ☐40