

ADMINISTRATIVE FORM

APP	DOCUMENT NAME	VERSION	DOCUMENT No.
	LABORATORY TEST REQUEST	4	JRL.7.12.F1

PATIENT INFORMATION (REQUIRED)			JRL USE ONLY	
Hospital Name: King Abdul-Aziz Hospital			Received By: (name ,signature and stamp)	
Address: Jeddah				
Patient's Name: (First, Middle, Last) / Code				
Age	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	National Id / Iqama	Date of Receive:	Time of Receive: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Patient Medical Record Number :(MRN#)			Department No.#(BARCODE)	
Last Menstrual Period (For Gynecologic Specimens):				
Diagnosis:				
SPECIMEN COLLECTION INFORMATION (REQUIRED)			REQUESTER INFORMATION (REQUIRED)	
Collected By (name, signature and stamp)			Requested By (Physician Name, Signature and Stamp)	
Date Collection: (DD / MM / YYYY)	Time Collected (HR: MIN.) <input type="checkbox"/> A.M <input type="checkbox"/> P.M.		Date Of Request	

SPECIMEN SOURCE (REQUIRED)				
<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Eye	<input type="checkbox"/> Rectal	<input type="checkbox"/> Urethra	<input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> Bronchial	<input type="checkbox"/> Feces	<input type="checkbox"/> Swab	<input type="checkbox"/> Urine	
<input type="checkbox"/> Cervix	<input type="checkbox"/> Nasopharyngeal	<input type="checkbox"/> Serum	<input type="checkbox"/> Venous	
<input type="checkbox"/> CSF	<input type="checkbox"/> Plasma	<input type="checkbox"/> Sputum	<input type="checkbox"/> Vagina	
<input type="checkbox"/> Ear	<input type="checkbox"/> Perineum	<input type="checkbox"/> Throat swab	<input type="checkbox"/> Wound	

SPECIMEN INFORMATION (REQUIRED)			
<input type="checkbox"/> 1 st Initial	<input type="checkbox"/> 2 nd Second	<input type="checkbox"/> Confirmatory	<input type="checkbox"/> Other

PLEASE INDICATE TEST(S) REQUESTED

HEMATOLOGY	SEROLOGY (coun.)	BIOCHEMISTRY & HORMONES	MOLECULAR	
<input type="checkbox"/> CBC <input type="checkbox"/> PTT <input type="checkbox"/> PT/INR <input type="checkbox"/> Mixing Study <input type="checkbox"/> G6PD <input type="checkbox"/> Sickling Screening <input type="checkbox"/> HB Electrophoresis <input type="checkbox"/> Malaria (Microscopic) <input type="checkbox"/> Peripheral blood smear <input type="checkbox"/> Reticulocyte count	<input type="checkbox"/> Treponema screen <input type="checkbox"/> H. pylori IgG <input type="checkbox"/> Parvovirus 19 IgM <input type="checkbox"/> Parvovirus 19 IgG <input type="checkbox"/> Anti-HEV IgG <input type="checkbox"/> Anti HEV IgM <input type="checkbox"/> Anti- HDV <input type="checkbox"/> HCV combo (Ab-Ag) <input type="checkbox"/> HCV confirmatory <input type="checkbox"/> HCV Ab <input type="checkbox"/> HIV combo (Ag-Ab) <input type="checkbox"/> HIV confirmatory <input type="checkbox"/> Anti-HB core <input type="checkbox"/> Anti-HBs Ab qualitative <input type="checkbox"/> Anti-HBs Ab quantitative <input type="checkbox"/> HBs Ag <input type="checkbox"/> HBV confirmatory <input type="checkbox"/> Dengue NS1 <input type="checkbox"/> Dengue IgM <input type="checkbox"/> Dengue IgG <input type="checkbox"/> RPR <input type="checkbox"/> TPHA	<input type="checkbox"/> Glu <input type="checkbox"/> Urea <input type="checkbox"/> Creatinine <input type="checkbox"/> Uric Acid <input type="checkbox"/> Calcium <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphate <input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> T.BIL <input type="checkbox"/> D.BIL <input type="checkbox"/> Total Protein <input type="checkbox"/> ALB <input type="checkbox"/> AST <input type="checkbox"/> ALT <input type="checkbox"/> GGT <input type="checkbox"/> CK <input type="checkbox"/> LDH <input type="checkbox"/> Amyl <input type="checkbox"/> Cholesterol <input type="checkbox"/> TG <input type="checkbox"/> HDL <input type="checkbox"/> LDL <input type="checkbox"/> Iron <input type="checkbox"/> TIBC <input type="checkbox"/> UIBC <input type="checkbox"/> Serum Protein Electrophoresis <input type="checkbox"/> TSH <input type="checkbox"/> FT3 <input type="checkbox"/> FT4 <input type="checkbox"/> FSH <input type="checkbox"/> LH	<input type="checkbox"/> Prolactin <input type="checkbox"/> Testosterone <input type="checkbox"/> Progesterone <input type="checkbox"/> Estradiol (E2) <input type="checkbox"/> βHCG <input type="checkbox"/> Parathyroid <input type="checkbox"/> Vit-D Total <input type="checkbox"/> Ferritin <input type="checkbox"/> Vit B12 <input type="checkbox"/> FPSA <input type="checkbox"/> TPSA Special Test: <input type="checkbox"/> ACTH <input type="checkbox"/> Free testosterone <input type="checkbox"/> Cortisol <input type="checkbox"/> IGF-1 <input type="checkbox"/> IGF BP3 <input type="checkbox"/> CA50 <input type="checkbox"/> Anti-IA2 <input type="checkbox"/> Anti-GAD <input type="checkbox"/> IAA <input type="checkbox"/> Intact PTH <input type="checkbox"/> GH <input type="checkbox"/> Calcitonin <input type="checkbox"/> Insulin <input type="checkbox"/> Aldosterone <input type="checkbox"/> Renin <input type="checkbox"/> TRAb <input type="checkbox"/> C-peptide <input type="checkbox"/> Osteocalcin	<input type="checkbox"/> MERS Cov <input type="checkbox"/> Seasonal Influenza <input type="checkbox"/> HBV Quantitative <input type="checkbox"/> HCV Quantitative <input type="checkbox"/> HIV Quantitative <input type="checkbox"/> Alkhurma Virus <input type="checkbox"/> Chikungunya Virus <input type="checkbox"/> Rift Valley Virus <input type="checkbox"/> Dengue Virus <input type="checkbox"/> ZIKA Virus <input type="checkbox"/> SARS-CoV-2 <input type="checkbox"/> Epstein-Barr virus <input type="checkbox"/> Herpes 1/2 <input type="checkbox"/> Varicella-zoster virus <input type="checkbox"/> RSV <input type="checkbox"/> West Nile virus <input type="checkbox"/> CMV <input type="checkbox"/> Rhinovirus/Enterovirus <input type="checkbox"/> Parainfluenza Virus 1,2,3,4 <input type="checkbox"/> Bocavirus <input type="checkbox"/> Adenovirus <input type="checkbox"/> Human metapneumovirus A/B <input type="checkbox"/> Coronavirus 229E <input type="checkbox"/> Coronavirus HKU1 <input type="checkbox"/> Coronavirus NL63 <input type="checkbox"/> Coronavirus OC43 <input type="checkbox"/> Influenza A subtype H1 <input type="checkbox"/> Influenza A subtype H3 <input type="checkbox"/> Mycoplasma pneumonia <input type="checkbox"/> Bordetella pertussis <input type="checkbox"/> Legionella pneumophila