Logo - Federal / State Ministries

# Laboratory Order and Results Form

<Area reserved for FMOH or SMOH seal>

**Collection Date** _____/_____/_____ (DD/MM/YYYY)

**Patient Name** _____ (Surname) _____ (Other Name)

**ID** ___ (State) – ___ (Facility No.) – _____ (Serial Enrollment No.)

**Hospital (Unit) No.** _____

**Facility Name** _____

**Lab Registration No** _____

**Sex** ○ M ○ F

**Age** ____ years If < 5 years ____ months

**Clinical Notes:** _____

_____

| **ORDERS** | **RESULTS** | | | |
|---|---|---|---|---|
| ○ HIV Serology | ○ POS | ○ NEG | ○ INDETERMINATE | |
| Confirmatory (if performed) | ○ POS | ○ NEG | | |
| ○ CD4 | ____ /ul | ____ % | | |
| ○ Viral Load | ____ copies/ml | | | |
| ○ WBC | ____ x $10^9$ /L | | | |
| ○ Lymphocytes | ____ /$mm^3$ | ____ % | | |
| ○ Monocytes | ____ /$mm^3$ | ____ % | | |
| ○ Polymorphs. | ____ /$mm^3$ | ____ % | | |
| ○ Eosinophils | ____ /$mm^3$ | ____ % | | |
| ○ Basophils | ____ /$mm^3$ | ____ % | | |
| ○ HCT/Hb | ____ % | ____ g/dl | | |
| ○ Platelets | ____ x $10^9$ /L | | | |

CXR: ○ Normal ○ Abnormal

Remarks: _____

| | | **ORDER** | **RESULTS** |
|---|---|---|---|
| ○ Na+ | ____ mmol/L | ○ VDRL | ○ Positive ○ Negative |
| ○ K+ | ____ mmol/L | ○ ESR | ____ |
| ○ Cl- | ____ mmol/L | ○ Mantoux | _____ mm |
| ○ HCO3 | ____ mmol/L | | |
| ○ Blood Urea | ____ mmol/L | | |
| ○ Creatinine | ____ umol/L | | |
| ○ Random Glucose | ____ mmol/L | | |
| ○ Fasting Glucose | ____ mmol/L | ○ Total Cholesterol | ____ mmol/L |
| ○ AST/SGOT | ____ U/L | ○ LDL | ____ mmol/L |
| ○ ALT/SGPT | ____ U/L | ○ HDL | ____ mmol/L |
| ○ Total Bilirubin | ____ umol/L | ○ Triglyceride | ____ mmol/L |
| ○ Amylase | ____ U/L | | |

| | | | |
|---|---|---|---|
| ○ Pregnancy | ○ Positive | ○ Negative | |
| ○ Sputum smear | ○ AFB present | ○ AFB absent | |
| ○ Malaria smear | ○ Positive | ○ Negative | |
| ○ _____ | Results _____ | | |

| **Additional labs** | **Results** |
|---|---|
| 1 | |
| 2 | |

**Ordered by:** _____ (*Print name*) _____ (*Signature*) / / (*Date (DD/MM/YYYY)*)

**Reported by:** _____ (*Print name*) _____ (*Signature*) / / (*Date (DD/MM/YYYY)*)

**Checked by:** _____ (*Print name*) _____ (*Signature*) / / (*Date (DD/MM/YYYY)*)