

Requested at
Results issued at



PHONE LABORATORY ENQUIRIES: +93 706 060142

SHEET VERSION: 8.2

Laboratory Request Form 1

PLEASE PRINT CLEARLY

Last Name:				
First Name:				
Date of Birth (DD-MM-YYYY):	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height (cm):	Weight (Kg):
Employer / Group:		Employer / Group ID:		

FOR LAB USE ONLY

Specimens type:	Pat. ID:
<input type="checkbox"/> IN <input type="checkbox"/> OUT	
Date (DD-MM-YYYY):	Time (HH:MM):
<input type="checkbox"/> Phone results to:	
<input type="checkbox"/> Email results to:	
Phone / Email CODE:	

<input checked="" type="checkbox"/> Please tick here to request tests	FOR LAB USE ONLY	<input checked="" type="checkbox"/> Please tick here to request tests	FOR LAB USE ONLY
<input checked="" type="checkbox"/> Hematology:		<input checked="" type="checkbox"/> Infectious Diseases / Screening tests:	
CBC / 3-Part Different. ⇔ 19 Parameters	T	Febrile Antigens Titer test:	T
CBC / 5-Part Different. ⇔ 21 Parameters	T	Salmonella Typhi H,O / Brucella (A,S,M)	
Erythrocyte Sedimentation Rate (ESR)	R1 R2 T	Salmonella Paratyphi AH,AO,BH,BO,CH,CO	
<input checked="" type="checkbox"/> Blood Grouping:		Dengue, IgG,IgM, antibodies	R T
Quick test A-B-O-D (Rh)	R T1 T2	G6PD Deficiency Test	R T
<input checked="" type="checkbox"/> Clinical Chemistry:		Hepatitis B surface antigen (HBsAg)	R T
Albumin	R T	Hepatitis C virus antibodies (HCV)	R T
Alkaline Phosphatase	R T	HIV 1 & 2 antibodies 3rd generation screening	R T
Alpha Amylase	R T	HIV 1,2,0,P24 antigen 4th generation ELISA	R SF T
Anti-STREPTOLYSIN-O (ASO) QUANTITATIVE	R T	H. Pylori IgG, IgM, IgA antibodies	R T
Pancreas Amylase	R T	IgE (Total Immunoglobulin E)	R T
Bilirubin Total	R T	Infectious Mononucleosis antibodies	R T
Bilirubin Direct / Indirect	dir. ind. T	Influenza A&B (H1N1, H5N3, H7N3, H9N2, H5N1)	R T
CK	R T	M. tuberculosis IgG, IgM, IgA antibodies	R T
CK MB	R T	Toxoplasmosis Gondii IgG antibodies ELISA	R SF T
CRP QUANTITATIVE	R T	Toxoplasmosis Gondii IgM antibodies ELISA	R SF T
Creatinine	R T	T. pallidum(Syphilis) IgG,IgM,IgA antibodies	R T
D-Dimer QUALITATIVE	R SF T	TPHA (Syphilis) QUANTITATIVE	R SF T
Ferritin	R T	<input checked="" type="checkbox"/> Malaria tests:	
Gamma-GT	R T	HRP 2* / pLDH* antigen test	R T
GOT (ASAT)	R T	Thick + thin blood film	R T
GPT (ALAT)	R T	<input checked="" type="checkbox"/> Tumor Markers QUALITATIVE:	
Iron	R T	PSA (Prostate Specific Antigen)	R T
Lipase	R T	AFP (Alpha-fetoprotein)	R T
LDH	R T	CEA (Carcinoembryonic Antigen)	R T
Myoglobin QUALITATIVE	R T	<input checked="" type="checkbox"/> Tumor Markers (ELISA QUANTITATIVE):	
Protein Total	R T	fPSA (free Prostate Specific Antigen)	R SF T
Troponin I QUALITATIVE	R T	CEA (Carcinoembryonic Antigen)	R SF T
Urea	R T	<input checked="" type="checkbox"/> Rheumatic Diseases (QUANTITATIVE):	
Uric Acid	R T	ANA Screen / Antinuclear Antibodies (Ig(GAM))	R SF T
<input checked="" type="checkbox"/> Blood coagulation:		RF Screen / Rheumatoid Factors (Ig(GAM))	R SF T
INR (International Normalized Ratio)	R T	<input checked="" type="checkbox"/> Thyroid Monitoring:	
>>> INR blood sample has to be taken in the laboratory<<<		TSH (Thyrotropin)	R SF T
<input checked="" type="checkbox"/> Blood Electrolytes:		ft3 (free Triiodothyronine)	R SF T
Calcium	R T	ft4 (free Thyroxine)	R SF T
Chloride	R T	<input checked="" type="checkbox"/> Hepatitis ELISA serology:	
Magnesium	R T	Hepatitis A / HAV IgM (capture) antibodies	R SF T
Phosphorus	R T	Hepatitis B surface antigen (HBsAg)	R SF T
Potassium	R T	Hepatitis B envelope antigen (HBeAG)	R SF T
Sodium	R T	Hepatitis B - Anti-HBs - ELISA	R SF T
<input checked="" type="checkbox"/> Glucose Monitoring:		Hepatitis B - Anti-HBc - ELISA	R SF T
Glucose (Fasting)	R T	Hepatitis B - Anti-HBe - ELISA	R SF T
Glucose (Random)	R T	Hepatitis C - Anti-HCV - 3rd generation ELISA	R SF T
Glycohemoglobin HbA1c %	R SH T	<input checked="" type="checkbox"/> Special requests / remarks:	
<input checked="" type="checkbox"/> Lipid Monitoring:			
Cholesterol	R T		
HDL Cholesterol	R T		
LDL Cholesterol	R T		
Triglycerides	R T		
Request Date (DD-MM-YYYY):	Requested by (PRINT):	Signature:	CHECK HERE IF PATIENT IS FASTING <input type="checkbox"/>
			FOR LAB USE ONLY Request Lab 1 <input checked="" type="checkbox"/> Request Lab 2 <input type="checkbox"/>

Requested at
Results issued at

DK ♦ German Medical Diagnostic Center

Street 66 ♦ House 138 ♦ District 4 ♦ Zone 1 ♦ Kabul / Afghanistan

☎ info@medical-kabul.com

PHONE LABORATORY ENQUIRIES: +93 706 060142



SHEET VERSION: 8.1

Laboratory Request Form 2

▼ PLEASE PRINT CLEARLY ▼

Last Name:									
First Name:									
Date of Birth (DD-MM-YYYY):				Age:	Sex:	Height (cm):	Weight (Kg):		
					<input type="checkbox"/> M <input type="checkbox"/> F				
Employer / Group:					Employer / Group ID:				

▼ FOR LAB USE ONLY ▼

Specimens type:	Pat. ID:
<input type="checkbox"/> IN <input type="checkbox"/> OUT	
Date (DD-MM-YYYY):	Time (HH:MM):
<input type="checkbox"/> Phone results to:	
<input type="checkbox"/> Email results to:	
Phone / Email CODE:	

☑ Please tick here to request tests ▼FOR LAB USE ONLY▼ ☑ Please tick here to request tests ▼FOR LAB USE ONLY▼

☑ Urine tests:		☑ Stool tests:	
Urine Test 11 Parameters	T	Occult Blood test (detection limit: 60 ng/ml)	T
Urine Microscopic	T	Occult Blood HB/HB-HP (detection limit: 20 ng/ml)	T
Urine Micro albumin	R T	Fecal Parasite direct technique	T
human Chorionic Gonadotropin (hCG)	R T	Fecal Parasite direct + concentrating technique	T1 T2

☑ Drugs of Abuse tests:		☑ Chlamydia trachomatis LPS Antigen:	
↕ Multi drug panel 10 parameters: ↕	T	from high cervical swab (HCS) ♀ (women)	R T
1 Amphetamine (AMP) 6 Methamphet. (MET)	R R	from Midstream urine sample ♂ (men)	R T
2 Barbiturates (BAR) 7 Methadone (MTD)	R R	☑ Swab	
3 Benzodiazepine (BZO) 8 Opiates/Morphine (MOR)	R R	cervical swab (gonorrhoea/fungal)	R T
4 Cocaine (COC) 9 Tricyclic antidepress. (TCA)	R R	vaginal swab (trichomoniasis/fungal)	R T
5 Ecstasy (MDMA) 10 Marijuana/Cannb. (THC)	R R	urethral swab (gonorrhoea/fungal)	R T
Sample adulteration control NEW	R T	wound swab (gram staining)	R T

☑ Special request (PRINT):

Request Date (DD-MM-YYYY):	Requested by (PRINT):	Signature:	CHECK HERE IF PATIENT IS FASTING <input type="checkbox"/>	▼ FOR LAB USE ONLY ▼ Request Lab 1 <input type="checkbox"/> Request Lab 2 <input checked="" type="checkbox"/>