

Name and Last name:		<input type="checkbox"/> Male <input type="checkbox"/> Female Age:		ID. No:
Hospital:	Ward:	HN:	Date&Time of collection:	
Physician:	LN:	HIS:		

BARCODE

LABORATORY REQUISITION FORM

SPECIAL LABORATORY

ALLERGY	INFECTIOUS SEROLOGY		
<input type="checkbox"/> Allergy Food Panel <input type="checkbox"/> Allergy Food and Respiratory Panel <input type="checkbox"/> Allergy Food and Respiratory Panel with Total IgE <input type="checkbox"/> Allergy Pediatric Inhalation and Food Panel <input type="checkbox"/> Allergy Respiratory Panel <input type="checkbox"/> Total IgE	<input type="checkbox"/> Anti DNase B <input type="checkbox"/> Bacterial Antigens* <input type="checkbox"/> Borrelia Ab titer <input type="checkbox"/> Borrelia Ab.,IgG* (ImmunoBlot) <input type="checkbox"/> Borrelia Ab.,IgM* (ImmunoBlot) <input type="checkbox"/> Chlamydia trachomatis Ab titer () IgG () IgM <input type="checkbox"/> Clostridium difficile toxin (A&B)* <input type="checkbox"/> CMV Ab () IgG** () IgM* <input type="checkbox"/> CMV Ab Titer () IgG () IgM <input type="checkbox"/> Cryptococcus Antigen () Screening () Titer <input type="checkbox"/> Dengue Ab () IgG** () IgM* <input type="checkbox"/> Dengue Ab titer type specific (1-4) (IgG + IgM) <input type="checkbox"/> Dengue Antigen NS1 <input type="checkbox"/> E. histolytica Ab IgG (Quantitative)** <input type="checkbox"/> EBNA Ab titer <input type="checkbox"/> EBV-CA Ab titer () IgA () IgG () IgM <input type="checkbox"/> EBV-EA Ab titer IgG <input type="checkbox"/> FTA-abs () IgG () IgM <input type="checkbox"/> Galactomannan Antigen <input type="checkbox"/> H. pylori Ab IgG* <input type="checkbox"/> H. pylori Ab titer () IgG () IgM <input type="checkbox"/> HSV (I & II) Ab () IgG* () IgM* <input type="checkbox"/> HSV (I & II) Ab titer () IgG () IgM <input type="checkbox"/> HSV serotyping*		<input type="checkbox"/> Japanese encephalitis Ab, titer () IgG () IgM <input type="checkbox"/> Leptospira Ab titer IgG <input type="checkbox"/> Leptospira Ab titer IgG&IgM <input type="checkbox"/> Measles Ab () IgG** () IgM* <input type="checkbox"/> Measles Ab titer () IgG () IgM <input type="checkbox"/> Melioides Ab titer () IgG () IgM <input type="checkbox"/> Mumps Ab () IgG** () IgM* <input type="checkbox"/> Mumps Ab titer () IgG () IgM <input type="checkbox"/> Mycoplasma pneumonia Ab titer () IgG () IgM <input type="checkbox"/> Procalcitonin <input type="checkbox"/> RSV Ab titer () IgG () IgM <input type="checkbox"/> Rubella Ab IgM* <input type="checkbox"/> Rubella Ab IgG** <input type="checkbox"/> Rubella Ab titer () IgG () IgM <input type="checkbox"/> Scrub & Murine Typhus Ab titer (IgG+IgM) <input type="checkbox"/> TORCH IgM titer <input type="checkbox"/> Toxoplasma gondii Ab* () IgG* () IgM* <input type="checkbox"/> Toxoplasma gondii Ab titer () IgG () IgM <input type="checkbox"/> TPPA (TPHA)* <input type="checkbox"/> VZV (Herpes Zoster) Ab () IgG** () IgM* <input type="checkbox"/> VZV Ab titer () IgG () IgM
AUTOIMMUNE			
<input type="checkbox"/> ANA titer <input type="checkbox"/> Anti-DNA* <input type="checkbox"/> Anti-DNA titer <input type="checkbox"/> Anti-nRNP* <input type="checkbox"/> Anti-Sm* <input type="checkbox"/> ANA Profile (ANA titer, Anti-DNA titer, Anti-nRNP, Anti-Sm) <input type="checkbox"/> Anti-SSA (Ro)* <input type="checkbox"/> Anti-SSB (La)* <input type="checkbox"/> AMA Screening (M2)* <input type="checkbox"/> AMA titer <input type="checkbox"/> Anti-B2 Glycoprotein () Screening () IgG* () IgM* <input type="checkbox"/> Anti-B2 Glycoprotein () IgG** () IgM** <input type="checkbox"/> Anti-Cardiolipin () Screening () IgA* () IgG* () IgM* <input type="checkbox"/> Anti-Centromere* <input type="checkbox"/> Anti-Glomerular Basement Membrane AGBM titer <input type="checkbox"/> Anti-Histone* <input type="checkbox"/> Anti-Jo* <input type="checkbox"/> ANCA Screening* <input type="checkbox"/> ANCA titer <input type="checkbox"/> ANCA Profile* <input type="checkbox"/> ASMA Screening* <input type="checkbox"/> ASMA titer <input type="checkbox"/> Anti-Scl-70* <input type="checkbox"/> Anti-Thyroid Peroxidase (TPO)** <input type="checkbox"/> Anti-Thyroglobulin** <input type="checkbox"/> ANA Profile 1* <input type="checkbox"/> ANA Profile 3* <input type="checkbox"/> LE Test* <input type="checkbox"/> CH50** <input type="checkbox"/> Anti-Cyclic Citrullinated Peptide (CCP)**			
HORMONES			
<input type="checkbox"/> ACTH <input type="checkbox"/> C-Peptide <input type="checkbox"/> Erythropoietin (EPO) <input type="checkbox"/> Growth hormone (GH) <input type="checkbox"/> Luteinizing Hormone (LH) <input type="checkbox"/> Parathyroid (PTH) - Intact <input type="checkbox"/> T3 <input type="checkbox"/> Free T3 <input type="checkbox"/> Thyroid Function Tests (T3, T4, Free T4, TSH) <input type="checkbox"/> Aldosterone <input type="checkbox"/> DHEA-S <input type="checkbox"/> Free Testosterone <input type="checkbox"/> Insulin <input type="checkbox"/> Plasma Renin Activity (PRA) <input type="checkbox"/> Prolactin <input type="checkbox"/> T4 <input type="checkbox"/> Free T4 <input type="checkbox"/> Testosterone <input type="checkbox"/> Beta HCG <input type="checkbox"/> Estradiol <input type="checkbox"/> FSH <input type="checkbox"/> IGF-1 <input type="checkbox"/> Progesterone <input type="checkbox"/> SHBG <input type="checkbox"/> TSH <input type="checkbox"/> Cortisol (Collecting Time)			

Specimen type: Serum CSF Clotted Blood NaF Blood EDTA Blood Citrated Plasma Urine Other

* Report as Positive or Negative

** Report as Unit(s)

รายการทดสอบที่ได้รับรองมาตรฐาน ISO 15189:2012 มีอยู่ใน www.bpl.co.th

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PROTEIN ANALYSIS/IMMUNOLOGY	MICROBIOLOGY
<input type="checkbox"/> Hemoglobin typing <input type="checkbox"/> Alpha thal-1,(SEA+Thai type) PCR <input type="checkbox"/> Immunoglobulin level <input type="checkbox"/> Protein Electrophoresis ()IgA ()IgG ()IgM <input type="checkbox"/> C-Reactive Protein (CRP) <input type="checkbox"/> Beta1c (c3Complement) <input type="checkbox"/> Transferrin <input type="checkbox"/> C4Complement <input type="checkbox"/> Ceruloplasmin <input type="checkbox"/> hs-CRP <input type="checkbox"/> Free light chain;Kappa <input type="checkbox"/> Free light chain;Lambda <input type="checkbox"/> Free light chain Kappa/Lambda Ratio <input type="checkbox"/> Immunofixation <input type="checkbox"/> Immunoelectrophoresis	<input type="checkbox"/> Culture and Sensitivity <input type="checkbox"/> Fungus culture <input type="checkbox"/> Hemoculture (automated) <input type="checkbox"/> Anaerobic Culture (in special container) <input type="checkbox"/> Bacteria identification and antibiotic susceptibility (MIC) by VITEK 2 automated <input type="checkbox"/> MIC Profiles (bacteria and yeast) <input type="checkbox"/> AFB (TB) culture () automated () conventional () TB Fast track Specify type of specimens :.....
TUMOR MARKERS	SPECIAL COAGULATION
<input type="checkbox"/> AFP <input type="checkbox"/> CA 125 <input type="checkbox"/> CA 19 - 9 <input type="checkbox"/> CA15 - 3 <input type="checkbox"/> CEA <input type="checkbox"/> Total PSA <input type="checkbox"/> Free PSA <input type="checkbox"/> PSA Ratio (Free PSA/Total PSA) <input type="checkbox"/> B2-Microglobulin <input type="checkbox"/> Thyroglobulin level	<input type="checkbox"/> D-Dimer <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Lupus anticoagulant (LA) <input type="checkbox"/> Protein C <input type="checkbox"/> Protein S <input type="checkbox"/> Anti-Thrombin III
SPECIAL BIOCHEMISTRY	HEPATITIS VIRUSES
<input type="checkbox"/> CK-MB () Kinetic () Mass <input type="checkbox"/> Hb A1C <input type="checkbox"/> Serum Iron <input type="checkbox"/> TIBC <input type="checkbox"/> Transferrin level <input type="checkbox"/> Transferrin sat <input type="checkbox"/> Fructosamine <input type="checkbox"/> Folate () Serum () RBC <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Ferritin <input type="checkbox"/> Vitamin D total <input type="checkbox"/> ADA <input type="checkbox"/> Homocystein <input type="checkbox"/> Hs-CRP <input type="checkbox"/> Pro BNP <input type="checkbox"/> Troponin T <input type="checkbox"/> Lactate <input type="checkbox"/> Cholinesterase (serum) <input type="checkbox"/> Osmolality ()serum ()urine <input type="checkbox"/> Magnesium ()serum ()urine <input type="checkbox"/> Calcium (urine) <input type="checkbox"/> Phosphorus (urine) <input type="checkbox"/> VMA (urine) <input type="checkbox"/> Free Cortisol (urine) <input type="checkbox"/> Urea (urine) <input type="checkbox"/> Uric acid (urine) <input type="checkbox"/> Amylase (urine) <input type="checkbox"/> Microalbumin (urine) <input type="checkbox"/> Metanephrine+Normetanephrine (urine) <input type="checkbox"/> Electrolytes (urine) <input type="checkbox"/> Stone Analysis (calculi)	<input type="checkbox"/> HAV Ab. Total <input type="checkbox"/> HBe Ag <input type="checkbox"/> HAV Ab IgM <input type="checkbox"/> HBe Ab <input type="checkbox"/> HBs Ag <input type="checkbox"/> HBV Prevaccination <input type="checkbox"/> HBs Ag (Quantitative) <input type="checkbox"/> HBV Profile <input type="checkbox"/> HBs Ab <input type="checkbox"/> HCV Ab <input type="checkbox"/> HBc Ab, Total <input type="checkbox"/> HEV Ab () IgG () IgM <input type="checkbox"/> HBc Ab. IgM
24 hr. urine : specify total volume ml. (send 100-200 ml for Exam.)	HIV SEROLOGY/FLOWCYTOMETRY
	<input type="checkbox"/> CD4 Count <input type="checkbox"/> HIV 1&2 Ab.& HIV 1 Ag (Combo) <input type="checkbox"/> CD4 & CD8 Count and Ratio <input type="checkbox"/> HIV-1 Antigen <input type="checkbox"/> CD34
	VIRUSES & BACTERIA DETECTION BY PCR
	<input type="checkbox"/> HBV-DNA PCR (Qualitative) <input type="checkbox"/> HBV-DNA Viral Load <input type="checkbox"/> HCV-RNA PCR (Qualitative) <input type="checkbox"/> HCV-RNA Viral Load <input type="checkbox"/> CMV-DNA PCR (Qualitative) <input type="checkbox"/> HIV-RNA Viral Load <input type="checkbox"/> HSV-DNA PCR (Qualitative) <input type="checkbox"/> CMV Viral Load <input type="checkbox"/> Herpes Group PCR (Qualitative) <input type="checkbox"/> HCV Genotype (HSV,CMV,VZV) <input type="checkbox"/> TB-DNA PCR (Qualitative) <input type="checkbox"/> Influenza virus A, B, H1N1, PCR (Qualitative) <input type="checkbox"/> TB-MDR <input type="checkbox"/> VZV-DNA PCR (Qualitative)

Special offers: Autoimmune Panel 1 (ANA titer, Anti-dsDNA titer) Autoimmune Panel 2 (Anti-dsDNA titer, Anti-nRNP, Anti Sm)
 Autoimmune Panel 3 (ANA titer, Anti-dsDNA titer, Anti-nRNP, Anti Sm) Anti-ds DNA titer

Other specify :

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