

LABORATORY REQUISITION FORM

Patient	Last Name..... First Name..... Date of Birth DD/MM/YYYY <input type="checkbox"/> M <input type="checkbox"/> F
	Qatar ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Sidra MRN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HC <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Tel.
Requesting Physician	Name Request Date
	License No. Mobile Email
Location	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> STAT
Clinical History	Collection Date & Time
	List current medications (if any) Collected by

Clinical Biochemistry

Electrolyte and Renal Profile Full Profile
 Na K Cl HCO₃
 Urea Creatinine eGFR

Liver Profile Full Profile
 T Bilirubin T Protein Albumin ALP
 AST ALT GGT

Bone Profile Full Profile
 T Calcium Albumin Phosphate Alk phos

Lipid Profile Full Profile
 T Cholesterol Triglycerides HDL LDL

Diabetes Fasting Pregnant
 HbA1c Glucose GTT

Thyroid Profile Taking T4 Profile (TSH, FT4)
 TSH FT4 FT3 TPO

Reproduction
 LH FSH Estradiol Progesterone
 Testosterone SHBG Prolactin Serum HCG

Tumor Markers
 PSA CA 125 CEA

Other Chemistry
 CRP Vitamin D

Therapeutic Drug Monitoring
 Lithium Digoxin
 Phenytoin Carbamazepine Valproate Phenobarbital

Urine Random 24 hour
 Urinalysis Protein: Creatinine Albumin: Creatinine

Hematology and Transfusion

Routine Hematology
 CBC & differential Reticulocytes
 Hematopathologist smear review

Hemoglobin Investigation
 Sickle cell / Thalassemia investigation

Anemia Studies
 Ferritin Vitamin B12 G6PD
 Iron profile Folate DAT

Other Hematology
 ESR Malaria Mono screen

Coagulation
 List anticoagulant(s).....
 PT/INR D dimer vWD panel
 aPTT Fibrinogen Factor..... activity

Thrombophilia
 Lupus AC Protein C Factor V Leiden
 Antithrombin Protein S PT gene mutation

Transfusion
 Pregnant or transfused in last 3 months Yes No ?
 Blood type (ABO/RhD) Antibody screen DAT
 Feto-maternal hemorrhage (Gest. age..... weeks)

Immunology
 ANA Anti-TTG Immunoglobulins (A,G,M)
 ENA* Anti-endomysial IgE (Total)
 RF Allergen specific IgE*
 *Specify in 'Other Tests' space below

Microbiology/Virology

Routine Culture
 Throat Sputum Blood Urine CSF
 Skin* Wound* Genital* Other* Fungal*
 Screening: MRSA* VRE* CPO* GBS*
 *Body site.....

Stool History of Bloody Stool? Yes No
 Culture Pinworm prep O & P H. pylori

Serology Acute Disease Immune Status
 HBsAg Anti-HBs HBV Panel HCV HAV
 Mumps Measles Rubella VZV EBV CMV
 HIV Syphilis Antenatal Panel TB Quantiferon
 Other

Molecular Infectious Diseases

Flu RSV Pertussis Respiratory Panel TB
 HIV HBV HCV HSV VZV
 MRSA GBS CT/NG (STD) Trichomonas
 Norovirus Rotavirus C. difficile CNS Panel
 Other

Viral Load
 HIV HCV HBV CMV EBV
 Adenovirus Parvovirus BK Virus

Anatomical Pathology

NB: Fresh samples & frozen sections require 24 hrs. advance booking
 Histopathology Cytopathology FNA
 Specimen(s) Site: Specify L/R where relevant

1.....
 2.....
 3.....
 4.....

Genetics

Molecular karyotyping (Microarray) QF-PCR (Aneuploidy)
 Next-gen sequencing (Clinical/Whole exome)* Non-invasive prenatal testing (NIPT)
 Sequencing (Mutation/Exon/Single gene)* Deletion/Duplication/Methylation*
 Repeat expansion (e.g., Fragile X)* Genotyping (Targeted variants)*
 * Specify disorder and/or gene(s)

Other Tests / Information

For lab use only

Specimen acceptable? Yes No

Receiving tech:

Date & Time:

Physician's Stamp and Signature

