

CENTRAL DIAGNOSTIC LABORATORY (CDL) REQUEST FORM

R/N :

Name :

I/C No :

Sex : ☐ Male ☐ Female

Age : Year Month

Ward/Clinic/
Hospital :

Ext / Phone No :

Doctor's name
& signature :

Date :

Sampling Date :

Sampling Time :

*STAT ☐ (Please contact the laboratory for
STAT testing)

CLINICAL SUMMARY :

LAB USE ONLY

LIST OF TESTS

BIOCHEMISTRY	
Please ✓	Test
<i>Liver Function Test</i>	
	ALT
	AST
	ALP
	Total Protein
	Albumin
	Globulin
	A/G ratio
	Total Bilirubin
	Direct Bilirubin
	Indirect Bilirubin
<i>Renal Function Test</i>	
	Potassium
	Sodium
	Chloride
	Urea
	Creatinine
<i>Lipid Profile</i>	
	Total Cholesterol
	LDL Cholesterol
	HDL Cholesterol
	Triglyceride
<i>Enzymes</i>	
	Creatine Kinase
	GGT
	LDH
	Amylase
<i>Anemia Profile</i>	
	Iron
	Ferritin
	TIBC
<i>Plasma Glucose</i>	
	Random Glucose
	Fasting Glucose
<i>MOGTT</i>	
	Fasting Glucose
	(0 hour)
	Glucose 2 HPP
	(2 hours)
<i>Others</i>	
	Lactate
	Ammonia
	Calcium
	Magnesium
	Phosphate Inorganic
	Uric Acid
	Osmolality (Serum)

IMMUNOLOGY	
Please ✓	Test
	CRP
	C3
	C4
	Ig A
	Ig G
	Ig M
<i>CARDIAC MARKER</i>	
	Hs Troponin T
<i>TUMOUR MARKERS</i>	
	CA-125
	PSA
	CEA
	AFP
<i>ENDOCRINOLOGY</i>	
	TSH
	Cord TSH
	ft4
	ft3
	Cortisol
	Anti-Thyroglobulin
	Thyroglobulin
	FSH
	LH
	Testosterone
	Oestradiol
	Progesterone
	Growth Hormone
	Insulin
	C-Peptide
	ACTH
	DHEA SO4
	Total HCG
	Intact PTH
	Prolactin
	ATPO
<i>BLOOD GASES</i>	
	Arterial
	Venous

URINE BIOCHEMISTRY	
	Spot/Random
	24-hour
Please ✓	Test
	Amylase
	Calcium
	Creatinine
	Chloride
	Potassium
	Sodium
	Magnesium
	Phosphate Inorganic
	Protein
	Uric Acid
	Urea
	Osmolality (Urine)
	Albumin Creatinine Ratio
<i>CSF</i>	
Please ✓	Test
	Glucose
	Lactate
	Total Protein
<i>STOOL</i>	
Please ✓	Test
	Occult Blood
	Reducing Sugar

URINALYSIS	
DIPSTICK	
Please ✓	Test
	pH
	SG
	Glucose
	Protein
	Bilirubin
	Urobilinogen
	Ketone
	Nitrate
	Leucocyte
	RBC
<i>FEME</i>	
	WBC
	RBC
	Epithelial Cell
	Bacteria
	Cast
	Crystal
	Albumin
	UPT

☐ Other tests :

Please Specify : _____

NOTES :