

PUSAT KESIHATAN

UNTUK KEGUNAAN MAKMAL

1. Nama :	2. No Pendaftaran :	
3. No.K/P :	4. No Matrik :	
5. Jantina: <input type="checkbox"/> Lelaki <input type="checkbox"/> Perempuan	6. Fakulti :	
7. Umur :	8. Keturunan :	
9. Diagnosis :		
10. Kategori Permohonan /Jenis Ujian :		
<b>Patologi Kimia</b>		
<input type="checkbox"/> Albumin	<input type="checkbox"/> Electrolytes	<input type="checkbox"/> Urea
<input type="checkbox"/> Alkaline Phosphatase	<input type="checkbox"/> Globulin	<input type="checkbox"/> Urid Acid
<input type="checkbox"/> Bilirubin	<input type="checkbox"/> Glucose	
<input type="checkbox"/> Calcium	<input type="checkbox"/> Phosphorus	
<input type="checkbox"/> Cholesterol, Total	<input type="checkbox"/> Protein, Total	
<input type="checkbox"/> Cholesterol, HDL	<input type="checkbox"/> SGOT	
<input type="checkbox"/> Cholesterol, LDL	<input type="checkbox"/> SGPT	
<input type="checkbox"/> Creatinine	<input type="checkbox"/> Triglycerides	
<b>Hematologi</b>		
<input type="checkbox"/> Full Blood Count	<input type="checkbox"/> TWBC	
<input type="checkbox"/> Hb	<input type="checkbox"/> TWDC	
<input type="checkbox"/> PCV		
<input type="checkbox"/> Platelet Count		
<input type="checkbox"/> TRBC		
<b>Klinikal</b>		
<input type="checkbox"/> Urine Sugar	<input type="checkbox"/> Urine FEME	<input type="checkbox"/> Urine Pregnancy
<input type="checkbox"/> Urine Albumin	<input type="checkbox"/> Urine Micro Albumin	
<i>Urine Drug</i>		
<input type="checkbox"/> Amphetamine Screening		
<input type="checkbox"/> Cannabinoids Screening		
<input type="checkbox"/> Morphine Screening		
<b>Profile</b>		
<input type="checkbox"/> Lipid Profile (LP)		
<input type="checkbox"/> Liver Function Test (LFT)		
<input type="checkbox"/> Renal Profile (RP)		
Lain-Lain : .....		
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Tandatangan dan Cop Doktor		