

PATIENT DETAILS		ID No.	REFERRING DOCTOR	PAYMENT
SURNAME:		NAME:		<input type="checkbox"/> Cash or <input type="checkbox"/> Bill to
FIRST NAMES:		SIGNATURE:		
DATE OF BIRTH:	AGE	<input type="checkbox"/> M <input type="checkbox"/> F	CLINIC:	
TEL:		URGENT: <input type="checkbox"/> Fax: <input type="checkbox"/> Phone: <input type="checkbox"/>		
<p>I give consent to do tests and guarantee payment of any amount not covered by insurance or exceeding estimate and verify that all information given is correct.</p>		Clinical Info:		

BIOCHEMISTRY	HAEMATOLOGY	IMMUNOLOGY	ENDOCRINOLOGY	MICROBIOLOGY
LIVER/PANCREAS <input type="checkbox"/> Liver Function Test <input type="checkbox"/> Bilirubin - Total <input type="checkbox"/> Bilirubin - Direct <input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> Gamma GT <input type="checkbox"/> AST (GOT) <input type="checkbox"/> ALT (GPT) <input type="checkbox"/> Total Protein <input type="checkbox"/> Albumin <input checked="" type="checkbox"/> Protein Electrophoresis <input type="checkbox"/> Amylase <input checked="" type="checkbox"/> Lipase <input type="checkbox"/> Bence Jones Protein-Urine RENAL/BONE/LUNG <input type="checkbox"/> Urea & Elect & Creatinine <input type="checkbox"/> Electrolytes <input type="checkbox"/> Creatinine <input type="checkbox"/> Urea <input checked="" type="checkbox"/> Creatinine Clearance <input type="checkbox"/> 24hr. Urine Protein <input type="checkbox"/> Calcium (Corrected) <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphate <input checked="" type="checkbox"/> Osmolality - serum <input checked="" type="checkbox"/> Osmolality - urine <input type="checkbox"/> Uric Acid <input checked="" type="checkbox"/> Alpha-1- Antitrypsin - Faeces <input type="checkbox"/> CRP LIPID METABOLISM <input type="checkbox"/> Lipogram - fasting <input type="checkbox"/> Cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> HDL Cholesterol GLUCOSE METABOLISM <input type="checkbox"/> GTT - 2hrs fasting <input type="checkbox"/> GTT - 3hrs fasting <input type="checkbox"/> Glucose 2hr. PP <input type="checkbox"/> Glucose Fasting <input type="checkbox"/> Glucose Random <input checked="" type="checkbox"/> HbA1 C/Glycosylated Hb. <input checked="" type="checkbox"/> Fructosamine <input checked="" type="checkbox"/> C-Peptide Fasting <input type="checkbox"/> Insulin Fasting <input checked="" type="checkbox"/> 24hr. Urine Microalbumin	<input checked="" type="checkbox"/> FBC with Diff <input checked="" type="checkbox"/> FBC - no Diff <input checked="" type="checkbox"/> ESR <input checked="" type="checkbox"/> Reticulocytes <input checked="" type="checkbox"/> Malaria Parasite Smears <input checked="" type="checkbox"/> Malaria Antigen <input checked="" type="checkbox"/> Blood Parasites <input checked="" type="checkbox"/> Blood Group (ABO & Rh) <input type="checkbox"/> Coombs Indirect <input checked="" type="checkbox"/> Coombs Direct <input checked="" type="checkbox"/> Hb Electrophoresis <input type="checkbox"/> Quantitative <input checked="" type="checkbox"/> Hb Electrophoresis & Sickling <input checked="" type="checkbox"/> G6PD COAGULATION <input type="checkbox"/> DIC Screen <input checked="" type="checkbox"/> Prothrombin Index (INR) & PT <input checked="" type="checkbox"/> PTT <input type="checkbox"/> Clotting Time <input checked="" type="checkbox"/> D- Dimer Quantitative <input checked="" type="checkbox"/> Fibrinogen NUTRITION <input checked="" type="checkbox"/> Anaemia Studies <input type="checkbox"/> Iron <input type="checkbox"/> TIBC <input type="checkbox"/> Ferritin <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Serum Folate <input checked="" type="checkbox"/> Food Intolerance TUMOUR MARKERS <input type="checkbox"/> AFP <input type="checkbox"/> Beta HCG Quantitative <input type="checkbox"/> CEA (GIT) <input checked="" type="checkbox"/> CA 19-9 (GIT/Pancreas) <input type="checkbox"/> CA 125 (Ovary) <input checked="" type="checkbox"/> CA 153 (Breast) <input checked="" type="checkbox"/> CA 72-4 (Gastric/Ovary) <input checked="" type="checkbox"/> Beta 2 Microglobulin <input type="checkbox"/> PSA <input checked="" type="checkbox"/> PSA Complexed <input checked="" type="checkbox"/> PSA Free & Ratio <input checked="" type="checkbox"/> ASOT <input checked="" type="checkbox"/> Septin 9 (CPDA tube)† <input type="checkbox"/> PCA 3 (Urine)	<input checked="" type="checkbox"/> Bilharzia IgG / IgM <input checked="" type="checkbox"/> Bilharzia PCR <input checked="" type="checkbox"/> CMV IgG & IgM <input checked="" type="checkbox"/> EBV Profile (Specify) <input checked="" type="checkbox"/> H Pylori Ab - serum <input checked="" type="checkbox"/> Herpes 1&2 IgG & IgM <input checked="" type="checkbox"/> Toxoplasma IgG <input checked="" type="checkbox"/> Toxoplasma IgM <input checked="" type="checkbox"/> Rubella IgG <input checked="" type="checkbox"/> Rubella IgM <input checked="" type="checkbox"/> Varicella IgG & IgM <input type="checkbox"/> RPR <input type="checkbox"/> TPHA <input type="checkbox"/> WIDAL <input checked="" type="checkbox"/> Quantiferon (Gold) (TB)† <input checked="" type="checkbox"/> Complement C3 & C4 <input checked="" type="checkbox"/> IgA, IgG, IgM <input type="checkbox"/> IgE <input checked="" type="checkbox"/> Specific Allegies HIV <input type="checkbox"/> HIV (1 & 2) Elisa +P24 <input checked="" type="checkbox"/> Western Blot <input checked="" type="checkbox"/> CD4 / CD8 <input checked="" type="checkbox"/> HIV 1 Viral Load <input checked="" type="checkbox"/> HIV 2 Viral Load AUTO-IMMUNE TESTS <input checked="" type="checkbox"/> ANF <input checked="" type="checkbox"/> Anti-DS DNA <input type="checkbox"/> Rheumatoid Factor (RF) <input checked="" type="checkbox"/> ENA <input checked="" type="checkbox"/> Angiotensin Conv. Enz (ACE) <input checked="" type="checkbox"/> Smooth Muscle Antibody <input checked="" type="checkbox"/> Mitochondrial Antibody <input checked="" type="checkbox"/> Auto Antibodies (Specify) HEPATITIS MARKERS <input checked="" type="checkbox"/> Hep. A IgG Antibody <input checked="" type="checkbox"/> Hep. A IgM Antibody <input type="checkbox"/> Hep. B surface Antigen <input type="checkbox"/> Hep. B surface Antibody <input type="checkbox"/> Hep. B core Antibodies <input type="checkbox"/> Hep. B core IgM Antibody <input type="checkbox"/> Hep. B e Antigen <input type="checkbox"/> Hep. B e Antibody <input type="checkbox"/> Hep. B Viral Load <input type="checkbox"/> Hep. Bs Ag Confirmatory <input checked="" type="checkbox"/> Hep. Bs Ag Quantitative <input type="checkbox"/> Hep. C Screen <input checked="" type="checkbox"/> Hep. C Viral Load	<input type="checkbox"/> Thyroid Function <input type="checkbox"/> Free T3 <input type="checkbox"/> Free T4 <input type="checkbox"/> TSH <input checked="" type="checkbox"/> Thyroglobulin <input checked="" type="checkbox"/> Thyroid Antibodies <input type="checkbox"/> LH <input type="checkbox"/> FSH <input type="checkbox"/> Progesterone <input type="checkbox"/> Prolactin <input type="checkbox"/> Oestradiol (E2) <input type="checkbox"/> Testosterone <input type="checkbox"/> Cortisol - serum <input checked="" type="checkbox"/> 17-OH-Progesterone <input checked="" type="checkbox"/> DHEA-S <input checked="" type="checkbox"/> Growth Hormone <input checked="" type="checkbox"/> Aldosterone - serum <input checked="" type="checkbox"/> Androstenedione - serum <input checked="" type="checkbox"/> Renin <input checked="" type="checkbox"/> Anti-Mullerian Hormone <input checked="" type="checkbox"/> Down Syndrome Triple Sc. <input type="checkbox"/> Pregnancy Test - serum <input type="checkbox"/> Pregnancy Test - urine HEART / MUSCLE <input type="checkbox"/> LDH <input type="checkbox"/> CK -Total <input type="checkbox"/> CK-MB Mass <input type="checkbox"/> Troponin T(High Sensitive) <input type="checkbox"/> Troponin I <input type="checkbox"/> Pro BNP <input checked="" type="checkbox"/> CKMB (POCT) <input checked="" type="checkbox"/> Troponin T (POCT) GYNAE/OBSTETRIC <input checked="" type="checkbox"/> Chlamydia / Gonorrhoea PCR† <input type="checkbox"/> Vaginal Micro & Culture collect kit from Lab. † <input checked="" type="checkbox"/> Cervical PAP- smear † <input checked="" type="checkbox"/> Cervical PAP- liquid † <input checked="" type="checkbox"/> PAP Liquid & HPV † <input type="checkbox"/> Self Sampling HPV DRUG MONITORING <input checked="" type="checkbox"/> Carbamazepine <input checked="" type="checkbox"/> Digoxin <input checked="" type="checkbox"/> Lithium <input checked="" type="checkbox"/> Phenobarbitone <input checked="" type="checkbox"/> Phenytoin <input checked="" type="checkbox"/> Theophylline <input checked="" type="checkbox"/> Valproic Acid <input type="checkbox"/> Drug Abuse Screen <input checked="" type="checkbox"/> Confirmation of drug Abuse	URINE <input type="checkbox"/> Urine Examination - routine <input type="checkbox"/> Bilharzia (Microscopy) <input type="checkbox"/> Urine Culture & Sens. <input checked="" type="checkbox"/> Cytology <input type="checkbox"/> Microscopy, C & S (No AFB) <input type="checkbox"/> TB Exam (AFB only) <input checked="" type="checkbox"/> AFB Culture SPUTUM <input type="checkbox"/> Microscopy, C & S (No AFB) <input type="checkbox"/> TB Exam (AFB only) <input checked="" type="checkbox"/> AFB Culture FAECES <input type="checkbox"/> Microscopy, Ova, Cyst & Parasites (OCP) <input type="checkbox"/> Culture & sensitivity <input type="checkbox"/> Occult Blood <input type="checkbox"/> H Pylori Antigen SWAB Site..... <input type="checkbox"/> Culture & sensitivity <input type="checkbox"/> Strep A Rapid Test FUNGAL Site..... <input type="checkbox"/> Microscopy, (KOH) <input type="checkbox"/> Fungal Culture CSF/BODY FLUID <input type="checkbox"/> Microscopy & Chemistry <input type="checkbox"/> Culture <input checked="" type="checkbox"/> Body Fluid Cytology <input checked="" type="checkbox"/> Cryptococcal <input checked="" type="checkbox"/> Oligoclonal Bands <input type="checkbox"/> Blood Culture (collect Bottles from Lab) OTHER <input type="checkbox"/> Mantoux <input type="checkbox"/> Skin Snip (Onco) ANDROLOGY <input type="checkbox"/> Semen Analysis <input type="checkbox"/> Semen Microscopy, C & S <input type="checkbox"/> SpermMar IgG Test <input type="checkbox"/> Chlamydia / Gonorrhoea - urine PCR† GENETICS <input checked="" type="checkbox"/> Newborn Screen <input checked="" type="checkbox"/> Neobona (NIPT) <input checked="" type="checkbox"/> Paternity Testing <input checked="" type="checkbox"/> NIPT with Sickle Cell

OTHER TESTS		SPECIMEN DETAILS		
		Collected: Date: Time: By: <input type="checkbox"/> Random <input type="checkbox"/> Fasting	Type taken <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> U <input type="checkbox"/> S	Recv'd Received in Lab: Date: Time: By: <input type="checkbox"/> Reference Lab <input type="checkbox"/> Dry Ice

EMAIL:.....

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. I understand that errors shall lead to me not receiving my results or important communication from you and Synlab Ghana Ltd will not be responsible for negative outcome resulting from me not getting my results due to provide erroneous information.

SIGN:.....

PROFILES

BIOCHEMISTRY:

LFT - Total Bilirubin, ALP, AST(GOT), ALT (GPT), GGT, Total Protein, Albumin

U&E&C - Na, K, Cl, Co2, Urea, Creatinine

LIPIDS - Total Cholesterol, Triglycerides, HDL, LDL, (Calculated)

ANAEMIA STUDIES - Iron, TIBC, Ferritin

THYROID:

TFT - Free T4, Free T3, TSH

HEPATITIS B PROFILE

HBsAg, Anti-HBs, Anti-HBc IgM, Anti-HBc IgG

HBeAg, Anti-HBe

MENOPAUSAL SCREEN - FSH, LH, Oestradiol (E2), AMH

HAEMATOLOGY

DIC SCREEN - Platelets, PT, PTT, D-dimer, Fibrinogen

DRUG ABUSE SCREEN- Cannabinoids, Benzodiazepines, Barbiturates, Morphine, Amphetamine, MDMA, Cocaine, Methamphetamine, Tricyclic Antidepressants, Methadone

IMMUNOLOGY

ARTHRITIS SCREEN - FBC & Platelets, ESR, CRP, RF, Uric Acid, ANF (If ANF is Positive),

do Anti-DNA and ENA

ENA

Jo-1/Histidyl-tRNA-Synthet, Centromer B IgG-abs, Chromatin abs (nucleosom. abs), La/SS-B,

Sm (BB/D), RNP (68 rec.), Ribosomal P-protein abs., SCL-70, SS-A/Ro (60 kD), U1-RNP/SM

(native antigen), ANTI-SMITH Ag

SUGGESTED SCREENING TESTS FOR MEN - FBC & ESR, Hb Electrophoresis, Lipogram, Glucose,

PSA (over 40yrs), Chlamydia Screen, Urine RE RPR.

Optional tests that can be added separately:- HIV, Hep BsAg, Hep C Screen, LFT, Uric Acid, WIDAL

Urea & Elect +creatinine, Faeces RE, ECG

SUGGESTED SCREENING TESTS FOR WOMEN - FBC & ESR, Hb Electrophoresis, Lipogram, Glucose Fasting, HPV or

PAP Smear from 18yrs, Chlamydia Screen, Urine RE RPR, Mammogram* (over 40yrs at Medical Imaging)







Optional tests that can be added separately:-HIV, Hep BsAg, Hep C Screen, LFT, Uric Acid, WIDAL

Urea & Elect +creatinine, Faeces RE, ECG

Further CLINICAL DETAILS

SPECIMEN COLLECTION INSTRUCTIONS

ORDER OF DRAW STARTING AT TOP

-  SODIUM CITRATE TUBE (EXACT AMOUNT OF BLOOD TO BE ADDED MARKED ON TUBE)
-  PLAIN GEL TUBE (LARGE NUMBER OF TESTS MAY REQUIRE TWO TUBES)
-  LITHIUM - HEPARIN (MIX GENTLY)
-  EDTA 5ML TUBE (MIX GENTLY)
-  FLUORIDE TUBE (2ML)
-  UNSPECIFIED /BOLD TUBE FOR QUANTIFERON

URINE

MID STREAM URINE (REFRIGERATE)

FAECES

CONTAINER SHOULD BE HALF FULL.

SWABS

MEDLAB TRANSPORT SWABS

CHLAMYDIA

MALE - FIRST STREAM URINE (REFRIGERATE)

FEMALE - SPECIAL CHLAMYDIA SWAB (AVAILABLE FROM MEDLAB)

FAILURE TO COLLECT SPECIMENS INTO CORRECT CONTAINER MAY RESULT IN THE RECOLLECTION OF THE SPECIMEN