

# LSSTH, Biochemistry Section Consent Form

<b>TEST REQUEST</b>  <b>FORM NO:1</b>  <b>BIOCHEMISTRY SECTION</b>	<b><i>Laboratory Services</i></b>  <b>Sir T Hospital &amp; Govt. Medical College</b> <b>H.L.Vaidhy Road, Bhavnagar, Gujarat 364001</b> <b>Phone:+91 278 2423250, Ext: 1162,1075</b> <b>Email Id: gmcb.biochemistry@gmail.com</b>
--	---

PATIENT INFORMATION			
Patient Name:		Provisional Diagnosis:	
Age:	Sex:	Ward:	Clinical History:
Registration no:		Routine / Urgent :	
Sample collection Date:..... & Time:.....		Cause of urgency:	
Primary sample type-(Please select)- Blood / Urine / CSF / Pleural fluid / Ascitic Fluid / Pus			

INVESTIGATION REQUIRED						
(Note: Please tick mark on investigation to be done)						
<b>Diabetic Profile</b>	1	Fasting Blood Sugar	<b>Liver Function Test</b>	22	Total Bilirubin:	
	2	Post Prandial blood sugar		23	Direct Bilirubin:	
	3	Random Blood sugar		24	Indirect Bilirubin:	
<b>Kidney Function Test</b>	4	S.Creatinine		25	S.SGPT/ALT	
	5	S.Urea		26	S.SGOT/AST	
	6	BUN		27	S.ALP	
<b>Lipid Profile</b>	7	S.Cholesterol		28	S.Total Protein	
	8	S.Triglycerides		29	S.Albumin	
	9	S.HDL		30	S.Globulin	
	10	S.LDL		31	A:G ratio	
	<b>Electrolytes</b>	11	S.VLDL	<b>Other</b>	32	Micro protein (CSF)
		12	HDL:LDL ratio		33	Pleural Fluid: Sugar & Protein
13		Chol:HDL ratio	34		Ascitic Fluid: Sugar & Protein	
14		Sodium	35		24 hrs Urinary Protein	
15		Potassium	36		Serum Osmolality	
16	Chloride	37	S.Uric acid			
<b>Other</b>	17	Total Calcium	38		Cholinesterase	
	18	Magnesium	39		CK-MB	
	19	S. Amylase	40		Other specific Test:	
	20	S. Lipase	<b>ABG Analysis</b>		41	Arterial Blood Gas Analysis
	21	S. LDH		42	Venous Blood Gas Analysis	

Name & sign of referring Doctor/Unit In charge	
--	--

Name of Laboratory : <b>Laboratory Services Sir T. Hospital (LSSTH) , Bhavnagar</b>		
Document Name: <b>Biochemistry Section Consent form</b>		
Unique ID. <b>LSSTH/C/Central/FM/4.3.f/3</b>		
Issue No. : 01	Issue Date : 30/04/24	Copy No. :1
Authorized by : Laboratory director	Review Date : 23/04/2024	Reviewed by : Deputy Quality Manager

# LSSTH, Biochemistry Section Consent Form

<b>FOR LAB USE</b>				<b>LAB ID:</b>		
<b>Type &amp; Status of Sample</b>	Serum	Whole Blood		Adequate	Haemolysed	Clotted
	Plasma	Urine	Fluid	Inadequate	<b>ACCEPTED</b>	<b>REJECTED</b>
<b>Sample Receiving Date:</b> ..... <b>&amp; Time:</b> .....				<b>Received By:</b>		

Name of Laboratory : <b>Laboratory Services Sir T. Hospital (LSSTH) , Bhavnagar</b>		
Document Name: <b>Biochemistry Section Consent form</b>		
Unique ID. <b>LSSTH/C/Central/FM/4.3.f/3</b>		
Issue No. : 01	Issue Date : 30/04/24	Copy No. :1
Authorized by : Laboratory director	Review Date : 23/04/2024	Reviewed by : Deputy Quality Manager

## LSSTH, Biochemistry Section Consent Form

Name of Laboratory : <b>Laboratory Services Sir T. Hospital (LSSTH) , Bhavnagar</b>		
Document Name: <b>Biochemistry Section Consent form</b>		
Unique ID. <b>LSSTH/C/Central/FM/4.3.f/3</b>		
Issue No. : 01	Issue Date : 30/04/24	Copy No. :1
Authorized by : Laboratory director	Review Date : 23/04/2024	Reviewed by : Deputy Quality Manager