

TEST REQUEST FORM: 2  
SPECIAL TEST REQUEST  
BIOCHEMISTRY SECTION

**Laboratory Services**  
**Sir T Hospital & Govt. Medical College**  
**Bhavnagar, Gujarat 364001**  
Phone: 0278 2423250 Extn.1162, 1075  
Email: gmcb.biochemistry@gmail.com

**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 / CSF / Body Fluid / Urine

**INVESTIGATION REQUIRED**

Note: Please tick investigations to be done.

<input type="checkbox"/>	HbA1C	<input type="checkbox"/>	Follicle Stimulating Hormone (FSH)
<input type="checkbox"/>	Vitamin B12	<input type="checkbox"/>	Luteinizing Hormone (LH)
<input type="checkbox"/>	S. Procalcitonin	<input type="checkbox"/>	$\beta$ -HCG (Beta-Human Chorionic Gonadotropin)
<input type="checkbox"/>	S. Interleukins 6 (IL-6)	<input type="checkbox"/>	DHEA (Dehydroepiandrosterone)
<input type="checkbox"/>	TSH	<input type="checkbox"/>	Prolactin
<input type="checkbox"/>	Total T3, Total T4	<input type="checkbox"/>	Serum Iron
<input type="checkbox"/>	Free T3, Free T4	<input type="checkbox"/>	UIBC
<input type="checkbox"/>	PTH (Parathyroid Hormone)	<input type="checkbox"/>	TIBC
<input type="checkbox"/>	Troponin I (TnI)	<input type="checkbox"/>	S. Ferritin
<input type="checkbox"/>	Other specific Test:		

**Name & Signature of HOD / HOU:**

Name of Laboratory : **Laboratory Services Sir T. Hospital (LSSTH) , Bhavnagar**

Document Name: **Biochemistry Section Consent form**

Unique ID. [LSSTH/C/Central/FT/4.3.f/3](#)

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

<b>FOR LAB USE</b>			<b>LAB ID:</b>		
<b>Type of sample</b>	Serum	Whole blood	Plasma	Urine	Body Fluid
<b>Status of Sample</b>	Adequate	Inadequate	Haemolysed	Icteric	Clotted
<b>Final Status</b>	ACCEPTED		REJECTED		
<b>Sample Receiving</b> Date: & Time:			<b>Received By:</b>		

Name of Laboratory : <b>Laboratory Services Sir T. Hospital (LSSTH) , Bhavnagar</b>		
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