GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT

LABORATORY/INVESTIGATION REPORT

Patient's Name:						MRD No./UHID No.	
Age:		Gender	M	F	O	Ward No.	
Date of Admission	DD/MM/YY					Bed No.	
Provisional Diagnosis:							

SL No.	Name of Investigation	Date of Request			Results/Findings			Critical Values		
		1	2	3	1	2	3	1	2	3
1	ABO+ Rh+-									
2	Haemoglobin gm%									
3	HbA1c									
4	Hbvario									
5	TLC									
6	DLC									
7	Platelet									
8	Absolute Eosinophil Count									
9	ESR									
10	MCV									
11	MCH									
12	MCHC									
13	RDW-CV									
14	RBC Morphology									
15	Bleeding Time									
16	Clotting Time									
17	Prothrombin Time									
18	Peripheral Blood Smear									
19	FNAC of									
20	HPE of									
21	Blood sugar –Random									
22	Blood sugar-Fasting									
23	Blood sugar- Post Prandial									
24	Urea									
25	Creatinine									
26	Sodium									
27	Potassium									
28	Calcium									
29	Total Protein									
30	Albumin									
31	Bilirubin Total									
32	Bilirubin Direct									
33	SGOT									
34	SGPT									
35	Alkaline Phosphatase									
36	GGT									

37	Amylase									
38	Lipase									
39	Uric Acid									
40	Serum Cholesterol Total									

Continued…

SL No.	Name of Investigation	Date of Request			Results/Findings			Critical Values		
		1	2	3	1	2	3	1	2	3
41	Serum Triglycerides									
42	HDL Chlesterol									
43	LDL Cholesterol									
44	VLDL-Cholesterol									
45	TSH									
46	T3									
47	T4									
48	MP Antigen									
49	MP Slide									
50	Typhidot									
51	Widal									
52	ASO									
53	RF									
54	HBsAg									
55	HCV									
56	VDRL									
57	Dengue									
58	Weil Felix Test /Serological Test									
59	Chikungunya									
60	Japanese Encephalitis									
61	Leptospira									
62	ADA									
63	Urine R/E									
64	Stool R/E									
65	Stool for Occult Blood									
66	Culture Sensitivity Test of Blood									
67	CST of Stool									
68	CST of Urine									
69	Analysis of CSF									
70	Analysis of Peritoneal fluid									
71	Analysis of Pleural Fluid									
72	Analysis of Pericardial Fluid									
73	Analysis of Pus									
74	Special Investigations									
USG										

Chest X Ray									
X Ray									
ECG									
CT Scan									
MRI									
Others									

Any Additional Remarks:

_____

Name of the Lab. Technician:_____Date: _____

Signature of the Lab. Technician: _____ Time: _____