

LILONGWE INSTITUTE OF ORTHOPAEDICS & NEUROSURGERY
Parasitology Request Form



Name of patient			Age	Sex
Ward/Cost Centre	Collected by:	Date of collection	Time of collection	
Requesting Clinician		Signature		
Clinical information/History				

Please tick (✓) for wanted tests

URINE		STOOL		SEMEN	
W.B.C.		Macroscopic		Time recd	
R.B.C				Liquification time	
Epithelial cells				Volume	
Casts				Mortality	
Crystals				Total count	
S.Haematobium		Microscopic		Abnormal sperms	
pH				W.B.C	
Albumin				pH	
Glucose				THICK FILM	
Ketones		Malaria Parasite/ Blood Film			
Blood		MRDT			
Others					

Remarks	Performed by:	Date Performed:	Lab number:
	Reviewd by:	Date reviewed:	

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