



All India Institute of Medical Sciences, Jodhpur
Department of Biochemistry, IPD Laboratory
REQUISITION FORM

Patient Name:	CR No.	Date:
Ward/OPD	Age:	Sex:
Diagnosis:		

Test Name	Please Tick (✓)
Blood Sugar	
Urea	
Creatinine	
SGPT	
SGOT	
ALP	
T. Bilirubin	
D. Bilirubin	
T. Protein	
Albumin	
Cholesterol	
Triglyceride	
HDL -c	
LDL-c	
CRP	
Hs crp	
S sodium	
S. Potassium	
S. Chloride	
Calcium	
Phosphorus	
CK-mb	
Uric acid	
HbA1c	
Amylase	
Lipase	
Test	
LDH	
CK	
GGT	
IRON	
TIBC	
UIBC	
RF	

Test Name	Please Tick (✓)
FT3	
FT4	
TSH	
25-OH Vit-D	
VIT- B12	
PCT	
Ferritin	
CA 125	
CA 19.9	
LH	
T.PSA	
Homocysteine	
FSH	
DHEAS	
Testosterone	
Prolactin	
ANTI-TPO	
I-PTH	
Test	
CORTISOL	
PCT	
IGF-]	
C-PEPTIDE	
INSULIN	
CEA	
Date:	
T.PSA	
F.PSA	
Anti-TTG	
VIT D	
VITB-12	
T.IGE	

Name of the consultant:
Department:

Pareek

[Signature]