

All India Institute of Medical Sciences, Jodhpur
Department of Biochemistry

Form for **THYROGLOBULIN** estimation

Date:

Ward:

FOR ALL THYROGLOBULIN ESTIMATION , PLEASE FILL UP THE FOLLOWING PATIENT INFORMATION

(Effective from 15.04.2023)

| | | |
|---|--|--|
| A | AIIMS JODHPUR ID & NAME | |
| B | AGE & GENDER | |
| C | WEIGHT (Kg) | |
| D | PRIMARY DIAGNOSIS & DATE | |
| E | DATE OF TOTAL THYROIDECTOMY/RAI Ablation | <input type="checkbox"/> Yes If yes ,when <input type="checkbox"/> No |
| F | IS PATIENT ON THYROXINE | <input type="checkbox"/> Yes If yes, When was it last administered <input type="checkbox"/> No If No, When was it withdrawn |
| G | PATIENT ON TREATMENT | <input type="checkbox"/> Baseline <input type="checkbox"/> Follow up <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> |

Name of the Consultant:

Name of JR/SR:

Phone number of JR/SR: