Clinical Laboratory Requisition Form **แบบฟอร์ม 7A**

Research Institute for Health Sciences - Chiang Mai University

Place PEP Code Label

PEP Requisition Form (สำหรับบุคลากร)

Collection date (DD/MMM/YY) __ __/__ __ __/__ __ **Blood : Time** __ __:__ __ (24hr.) **Urine : Time** __ __:__ __ **(24hr.)**

Phlebotomist/Collector _____

Please Circle at selected test

Visit	day 0	2 week	4 week	6 week	3 month	4 - 6 month	12 month	Tube/Container
HIV Serology [1]								
Two HIV Rapid tests	x							
HIV EIA 4th generation				x	x	x	x[2]	SST (5ml.) x 1
Hepatitis Serology								
Hepatitis B (HBsAg, Anti HBc, Anti HBs)	x				x[2]	x[2]		
Hepatitis C (Anti HCV)	x				x[2]	x[2]		
Hematology								EDTA (3 ml.) x 1
CBC (Hb, Hct, Plt, WBC, diff.)	x	x	x	x				
Chemistry								
BUN, Cr	x	x	x	x				
Phosphorus	x	x	x	x				SST (5ml.) x 1
Amylase	x	x	x	x				
LFT: Total Protein, Albumin, Globulin, Bilirubin, ALP, ALT, AST	x	x	x	x	x[2]	x[2]		
Urine								
U/A	x		x					Urine Container
UPT	x		x					
Other specimen								
Specify_____	x	x	x	x	x	x	x	

[1]: **Interpretation of results and confirmatory test : see Attachment 8.1 page 2**

[2]: **in case of exposure to HBV or HCV, physician judgement**

Comments_____

Clinical Lab Use Only

☐ Accept ☐ Reject

Specimen Received ☐ 3 ml. EDTA tube _____ Tube(s) ☐ 5 ml. SST tube _____ Tube(s) ☐ Urine _____ Container (s)

☐ Other Specimen (please specify)_____

CL Staff Initial _____ **Date (DD/MMM/YY)** __ __ / __ __ __ / __ __ **Time** __ __ : __ __ **(24hr.)**

Lab Comments_____

02 FEB 16