

โปรดเขียนตัวบรรจงอ่านได้ชัดเจน		โรงพยาบาลบางปะกง (BANGPAKONG HOSPITAL)	
Name..... Age.....years		BANGPAKONG HOSPITAL LABORATORY 142 ม.13 ต.บางปะกง อ.บางปะกง จ.ฉะเชิงเทรา โทร (038) 532444, 531286-7 ต่อ 304 “เป็นองค์กรที่ได้มาตรฐาน บริการประทับใจ ใกล้ชิดชุมชน”	
H.N. WARD.....			
Requested by..... Date.....			
Reported by..... Date.....			
HEMATOLOGY	MICROSCOPY	CHEMISTRY	
<input type="checkbox"/> CBC O Hct.....% Hb.....g/dl. WBC.....cell/cu.mm. Neutrophil.....% Lymphocyte.....% Monocyte.....% Eosinophil.....% Basophil.....% MCV.....um ³ MCH.....pg. MCHC.....g/dl. RDW.....% RBC morphology..... <input type="checkbox"/> Screening Thalassemia OF..... DCIP..... <input type="checkbox"/> Malaria..... <input type="checkbox"/> ESR.....mm/hr. <input type="checkbox"/> Reticulocyte Count.....% (เด็ก 2-6 ผู้ใหญ่ 0.2-2.0) <input type="checkbox"/> VCT.....(5-15) <input type="checkbox"/> Bleeding Time.....(2-7)	<input type="checkbox"/> Urine Analysis Color.....clear or Turbid Sp.gr.....P.H..... Blood.....bile..... Urobilinogen.....Ketone..... Protein.....Nitrite..... Glucose.....Leucocyte..... RBC.....cells/HPF WBC.....cells/HPF Epithelial.....cells/HPF Bacteria.....Amorphous..... Cast.....cells/LPF Mucous.....Crystal..... <input type="checkbox"/> Stool Exam Color..... Character..... Parasite..... RBC.....cells/HPF WBC.....cells/HPF <input type="checkbox"/> Occult blood.....	<input type="checkbox"/> FBS.....(75-115) <input type="checkbox"/> Lipid Profile ○ Cholesterol.....(0-250) ○ Triglyceride.....(0-150) ○ HDL-Cholesterol.....(35-60) ○ LDL-Cholesterol.....(0-150) <input type="checkbox"/> Kidney function test ○ Bun.....(5-23) ○ Creatinine.....(0.8-1.5) <input type="checkbox"/> Uric Acid.....(3.4-4) <input type="checkbox"/> Liver function Test ○ Total protein.....(6-8) ○ Albumine.....(3.4-5.5) ○ Globulin.....(2-3.5) ○ Total bilirubin.....(0-1.5) ○ Direct bilirubin.....(0-1.5) ○ Indirect bilirubin.....(0-1.5) ○ SGOT.....(0-37) ○ SGPT.....(0-42) ○ Alkaline phos.....(.53-12) <input type="checkbox"/> Microbilirubin..... <input type="checkbox"/> Troponin-T.....(<0-0.3)	
BACTERIOLOGY	SEROLOGY	OUT LAB	
Specimen..... <input type="checkbox"/> AFB..... <input type="checkbox"/> Gram Stain..... <input type="checkbox"/> KOH..... <input type="checkbox"/> Wet Smear T.V..... fungus..... WBC..... <input type="checkbox"/> Sperm finding.....	<input type="checkbox"/> Blood gr. ABO..... <input type="checkbox"/> Blood gr. Rh..... <input type="checkbox"/> VDRL/RPR..... <input type="checkbox"/> HBsAg..... <input type="checkbox"/> HBsAb..... <input type="checkbox"/> Anti-HIV..... <input type="checkbox"/> Widal test S.typhi O..... S.Typhi H..... <input type="checkbox"/> Pregnaney Test..... <input type="checkbox"/> Methamphetamine.....	<input type="checkbox"/> CD4 <input type="checkbox"/> T3 <input type="checkbox"/> Viral Load <input type="checkbox"/> T4 <input type="checkbox"/> Drug Resistant <input type="checkbox"/> TSH <input type="checkbox"/> HBA ₁ C <input type="checkbox"/> FT ₃ <input type="checkbox"/> Hb-Typing <input type="checkbox"/> FT ₄ <input type="checkbox"/> Blood chem Day Care <input type="checkbox"/> Other.....	
		OTHER	