



Date: 26/12/2018

Patient Name: Fayek Al Asaf

Date Of Birth (تاريخ الميلاد): 14/4/1997

Nationality (الجنسية): Jordan

Address (العنوان): Shoufah

E-MAIL:

File Number: 1001362

اسم المريض:

Marital Status: (الحالة الاجتماعية): Single

Phone No. (رقم الهاتف): 556 456789

How did you know about us: Google

التاريخ الطبي Medical History

Medical Condition	الحالة الطبية	Yes/No نعم / لا	If 'YES' give details إذا كنت الإجابة نعم اذكر بالتفصيل
Recent or current drugs/Medical Treatment هل تتعاطى أي أدوية أو تتلقى أي علاجات حثيثاً؟		X	
Corticosteroids/Immunosuppressant هل تتعاطى أي سكرويدات أو مثبطات للمناعة؟		X	
Allergies هل لديك أي حساسية؟		لا	
Surgical Operations, Serious Illness هل أجريت أي عمليات جراحية أو تعاني من أي أمراض؟		لا	
Cardiac surgery, Rheumatic fever, Endocarditis, Artificial heart valve, Congenital heart disease جراحة قلب، حمى روماتويد، التهاب شغاف القلب، صمام قلب صناعي، أمراض القلب		X	
High Blood Pressure, Bleeding disorders, Anticoagulants هل لديك ارتفاع في ضغط الدم، مشاكل في النزيف أو تتعاطى أي مميحكات الدم؟		X	
Anemia, Leukemia (سرطان الدم) Anemia انيميا (فقر الدم)، لوكيميا (سرطان الدم)		X	
Chest disease, Asthma, Bronchitis, TB, Other أمراض صدرية، أزمة تنفسية، التهاب في الشعبات، السل، أمراض أخرى		X	
Renal, Urinary, Sexually transmitted disease هل تعاني من أي أمراض في الكلى أو أمراض بولية أو تناسلية؟		X	
Pregnancy, Contraceptive pill, Menstrual problems هل أنت حامل؟ هل تتعاطين أي ممانع للحمل؟ هل تعانين من مشاكل في الدورة الشهرية؟		X	
Hepatitis, Jaundice, Other liver diseases التهاب الكبد الوبائي، الصفراء، أي أمراض كبدية أخرى		X	
Peptic ulcer, Crohn's ulcerative colitis, Other قرحة معوية، داء كرون، أي أمراض معوية أخرى		X	
Epilepsy, or any other neurological disease هل تعاني من الصرع أو أي أمراض في الجهاز العصبي؟		X	
Thyroid Diseases, Diabetes هل تعاني من مرض السكري أو أمراض الغدة الدرقية؟		X	
Other conditions Other conditions HIV...etc فيروس الإيدز، فيروس الحلا السيفي...etc		X	



Medical Consent Form

I hereby consent and authorize the doctor to treat my medical condition which has been explained to me by the qualified physician

I understand that in order to provide me with the most efficient and enhanced service, diagnostic and other procedures may be deemed necessary.

I understand that my treating doctor may discover other or different conditions, which may require additional or different procedures than those planned.

I authorize my treating doctor to perform any procedures which are advisable in their professional judgment.

I understand that no warranty or guarantee has been made to me as a result or cure just as there may be risks and hazards in continuing my present condition without treatment.

I understand that there are also risks and hazards to the performance of the diagnostic and/or surgical procedures.

I realize that common surgical or diagnostic procedures are potential for an infection, swelling, bleeding, pain or allergic reaction.

I understand that there are minimal fees to be paid per service and that all fees must be paid in full before the completion of treatment.

I consent that all medical history and information I provided in my medical file is true and I understand that any information I provide regarding my medical status will be kept confidential and anonymous.

I believe that I have sufficient information to give this consent. I certify that this form has been fully explained to me and that I have read it and I understand its content and I sign it with all my will.

نموذج اقرار طبي

أوافق و أسمع الطبيب بطرح حالتي المرضية التي تم شرحها لي من قبل الطبيب المختص و المؤهل.

أتعلم أن بعض الإجراءات الطبية والتشخيصية الإضافية قد تكون ضرورية من أجل تزويدي بالعلاج الأفضل و الخدمة الأفضل.

أتعلم أنه من الممكن أن يكشف الطبيب خلال العلاج أوعوا مختلفة عن ما ذكر في الفحص الأولي و التي قد تتطلب إجراءات إضافية أو مختلفة عن تلك المخطط لها.

أفوض الطبيب المعالج باتخاذ كل الإجراءات الطبية و العلاجات اللازمة و المطلوبة بحكم خبرته المهنية و العلمية.

أقر أنه لم يتم تقديم أي ضمانات أو تأمين لنتائج العلاجات و الإجراءات الطبية أو التجميلية المقصدة لي، كما أعلم الاخطار و المضاعفات الناتجة عن عدم استكمال علاج حالتي المرضية.

أتعلم تماما كافة الاخطار و المضاعفات التي قد تكون مصاحبة للفحوصات و الإجراءات العلاجية و الجراحية.

و امرك أن بعض الإجراءات التشخيصية و العلاجية و الجراحية قد تقوي الي مضاعفات كالالتهاب أو التورم أو النزيف أو الألم أو الحساسية

أتعلم أن هناك رسوم بالحد الأدنى يجب علي دفعها مقابل الخدمة العلاجية و أن جميع الرسوم المطلوبة يجب أن تسدد بالكامل قبل الانتهاء من العلاج.

أقر أن كافة المعلومات الطبية و التاريخ الطبي الذي قدمت لي قد بقي اللفك صحيحة. و أعلم ان اي معلومات تتعلق بحالتي الصحية ستبقى سرية تماما ولا يمكن الاطلاع عليها دون موافقتي

أقر أن لدي المعلومات الكاملة لتقديم هذا الإقرار و أن هذا النموذج قد تم شرحه لي بالكامل و اني قد قرأت و فهمت جميع تفاصيله بالكامل و اني وقعت عليه بكامل ارادتي

توقيع المريض / ولي الأمر لمن هم دون السن القانونية):

Patient's Signature/ Guardians (In case of minors):

عبدالمجيد احمد ابراهيم
فرح عبدالمجيد ابراهيم
التاريخ: 12/1/2018

Date: ... / ... /

Vital Signs المؤشرات الحيوية

Weight (الوزن): Kg (الوزن): Kg
Pulse (النبض): ppm (النبض): ppm
Height (الطول): cm (الطول): cm
Blood Pressure (ضغط الدم): / (ضغط الدم): /
Blood Type (دم): (دم):
Blood Sugar (سكر الدم): (سكر الدم):

Chief Complaint سبب زيارة المريض للعيادة

Disease History التاريخ المرضي:

Allergies الحساسية

Medications الأدوية

Pregnancy الحمل

Previous Surgeries, Hospitalization

عمليات سابقة، إيداع المستشفى

Smoking (التدخين): Y / N

Alcohol (الكحول): Y / N

Drugs (تداعوي العقاقير): Y / N

General & Clinical Findings الملاحظات العامة و السريرية

Examination الفحص

Radiography الصور الشعاعية

Diagnosis التشخيص

Treatment Plan خطة العلاج

26-12-18 Severe inflammatory acne of face with many previous TK, without improvement

= Benzac 2.5
vibra 0.05) x10
Prehyd 20 0.05

. Lab was for Pca

Dr. MOHAMAD FAYEZ BADAWI
D50047
Specialist Dermatology

6-1-2019

Lab c/k exact HG P/R

Doctor's Signature and Stamp

Reaction long max 30

F-up

10-2-19

Dr. MOHAMAD FAYEZ BADAWI
D50047
Specialist Dermatology

Removal of Pca only

Dr. MOHAMAD FAYEZ BADAWI
D50047
Specialist Dermatology

DATE	TREATMENT	PAYMENT	BALANCE	SIGNATURE
24/3/2019	<p>lab result showing ↑ AFP. ⇒ To be repeated Renewal of Rx for Sodomy</p> <p>Dr. MOHAMAD FAYEZ BADAWI D50047 Specialist Dermatology</p>			
6/5/2019	<p>Roaccutane 1mg 2XR 1 month</p> <p>ACNE + PIH + Dry skin</p> <p>Dr. Wesam Marwan Al Tabbaa Dermatology specialist MOH License No.: V826 Orchid Medical Centre</p>	200 Cons		
20/7/2019	<p>Perfect Results Blood test (liver function) Lipid profile - glucose fasting</p> <p>Dr. Wesam Marwan Al Tabbaa Dermatology specialist MOH License No.: V826 Orchid Medical Centre</p>			



مركز أوركيديد الطبي
ORCHID MEDICAL CENTER

200.00

RECEIPT VOUCHER (No. REC-002085)

Date: 26-12-2018

Receive from Mr./Mrs./M/s. 1001362 - FARAH AL ASAF - 971564567891

The sum of Dhs. Two Hundred Dirhams and Zero Fils Only

By Cash 200.00 / By Credit Card 0.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: 26-12-2018

Being

Made by Ghada

Tel: + 9716 555 8337, Fax: + 9716 528 8130, e - mail: info@omc1.ae
www.omc1.ae


Name : FARAH ABDULLA
 Age/Sex : 21 Yrs /Female
 Lab No. : 141836403026
 Contact No : 056 4567891
 Visit Date : 30-12-2018
 Nationality : Jordan

Referral Clinic : Sunny Medical Centre LLC
 Referral Doctor : Dr. Bimaljeet Kaur
 Reg. No : 587248
 Insurar :
 Report Status : Final Report

-HAEMATATOLOGY-

Test Name	Result	Units	Ref. Range
3.C			
WBC	9.6	x 10 ⁹ /L	4.0 - 10.0
Neu%	54.3	%	50.0 to 70.0
Lym%	39.2	%	20.0 to 40.0
Mon%	4.7	%	3.0 to 12.0
Eos%	1.1	%	0.5 to 5.0
Bas%	0.7	%	0.0 to 1.0
Neu#	5.21	x 10 ⁹ /L	2.00 to 7.00
Lym#	3.8	x 10 ⁹ /L	0.80 to 4.00
Mon#	0.45	x 10 ⁹ /L	0.12 to 1.20
Eos#	0.10	x 10 ⁹ /L	0.02 to 0.50
Bas#	0.07	x 10 ⁹ /L	0.00 to 0.10
RBC	4.8	x 10 ¹² /L	4.00 - 5.50
Hb	9.2	g/dL	12.0 - 16.0
HCT	33.5	%	40.0 - 50.0
MCV	70.0	fL	82.0 - 95.0
MCH	19.2	pg	27.0 - 31.0
MCHC	27.5	g/dL	32.0 - 36.0
RDW-CV	16.5	%	11.0 to 16.0
RDW-SD	44.4	fL	35.0 to 56.0
PLT	450	x 10 ⁹ /L	150 - 450
PDW	15.4	%	9.0 to 17.0
MPV	8.1	fL	7.0 - 11.0

الدكتور. بيماليت كور
 إخصائية تعاليل مخبرية
 ترخيص وزارة الصحة رقم: دي 1119
Dr. BIMALJEET KAUR
 Specialist Pathologist
 M.O.H LICENCE NO.D 26225
 SUNNY MEDICAL CENTRE LLC, SHAHBA

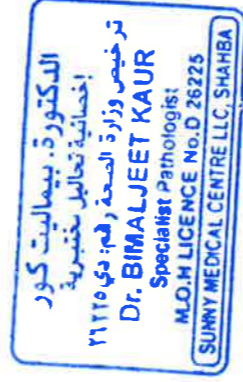
Pathologist:  Technologist
 Collected on : 30-12-2018 09:52
 Reported on : 30-12-2018 09:52
 Authorized on : 30-12-2018 11:19

Name : FARAH ABDULLA
 Age/Sex : 21 Yrs /Female
 Lab No. : 141836403026
 Contact No : 056 4567891
 Visit Date : 30-12-2018
 Nationality : Jordan

Referral Clinic : Sunny Medical Centre LLC
 Referral Doctor : Dr. Bimaljeet Kaur
 Reg. No : 587248
 Insurar :
 Report Status : Final Report

BIOCHEMISTRY

Test Name	Result	Units	Ref. Range
LIPID PANEL			
Serum Cholesterol	131	mg/dL	<200
Serum Triglyceride	74	mg/dL	<150
Serum HDL	52	mg/dL	MALES: >35 FEMALE: >50
Serum LDL	81	mg/dL	< 100
VLDL	14.8	mg/dL	< 30
C/H Ratio	2.5	%	< 4



Pathologist

Collected on : 30-12-2018 09:52
 Reported on : 30-12-2018 09:52
 Authorized on : 30-12-2018 11:19

Technologist

Name : **FARAH ABDULLA** Referral Clinic : **Sunny Medical Centre LLC**
 Age/Sex : **21 Yrs /Female** Referral Doctor : **Dr. Bimaljeet Kaur**
 Lab No. : **141836403026** Reg. No : **587248**
 Contact No : **056 4567891** Insurar :
 Visit Date : **30-12-2018** Report Status : **Final Report**
 Nationality : **Jordan**

BIOCHEMISTRY

Test Name	Result	Units	Ref. Range
PATIC FUNCTION PANEL			
Serum Bilirubin Total	0.3	mg/dL	0.1 - 1.2
SGOT / AST	11	U/L	Male: <40 Female: <33
SGPT / ALT	12	U/L	Male: <41 Female: <34
Serum Gamma Glutamyl Transferase (GGT)	10	U/L	MALE <50 FEMALE <32
Serum Alkaline Phosphatase(ALP)	51	U/L	<129
Serum Protein Total	7.0	g/dL	6.6 - 8.7
Serum Albumin	4.3	g/dL	3.97 - 4.95
Serum Globulin	2.7	g/dL	2.0 - 4.0

الدكتور. بيماليت كور
 إخصائية تحاليل مخبرية
 ترخيص وزارة الصحة رقم: دي 26225
Dr. Bimaljeet Kaur
 Specialist Pathologist
 M.O.H LICENCE No.D 26225
 SUNNY MEDICAL CENTRE LLC, SHAHBA



Pathologist

Collected on : 30-12-2018 09:52
 Reported on : 30-12-2018 09:52
 Authorized on : 30-12-2018 11:19

Technologist

Patient ID	: 784199796829804	Lab ID	: 1019002516
Patient Name	: Ms / Farah Abdallah Salameh	Visit ID	: 1019002848
Gender/Age	: Female / 21 Years	Branch	: Sharjah
Clinic	: BRANCH MAIN RECEPTION	Registered on	: 18-03-2019 11:28:52 AM
Clinic Ref. No.	:	Reviewed on	: 18-03-2019 12:48:08 PM
Doctor	: Self	Validated on	: 18-03-2019 12:51:20 PM
Payer	: SHJ-WalkIn	Printed on	: 21-03-2019 10:58:54 AM

Hematology

Test Name	Result	Unit	Ref. Range	Methodology
-----------	--------	------	------------	-------------

CBC with Differential Blood

RBC	4.76	10 [^] 12/L	4.0 - 5.2	Impedence
Hemoglobin	9.5	g/dl	11.5 - 15.5	Impedence
Hematocrit	32.2	%	36 - 45	Impedence
MCV	67.8	fl	80 - 100	Impedence
MCH	20	pg	27 - 33	Impedence
MCHC	29.5	g/dl	31 - 37	Impedence
RDW	17.5	%	11.5 - 15	Impedence
Platelet	279	10 [^] 9/L	150 - 450	Impedence
WBC	7.2	10 [^] 9/L	4 - 11	Impedence

Percent Values

	Result	Unit	Ref. Range
Neutrophils	57	%	50-70
Lymphocytes	33.1	%	20 - 45
Monocytes	6.5	%	2.0-11.0
Eosinophils	2.7	%	1 - 6
Basophil	0.7	%	0 - 2

Absolute Values


	Result	Unit	Ref. Range	Methodology
Neutrophils	4.1	10 [^] 9/L	2.3-8.1	Impedence
Lymphocytes	2.38	10 [^] 3/ul	1 - 4.8	Impedence
Monocytes	0.47	10 [^] 9/L	0.45-1.30	Impedence
Eosinophils	0.19	10 [^] 9/L	0.1 - 0.45	Impedence
Basophil	0.05	10 [^] 9/L	0 - 0.1	Impedence

Comment
N.B.

* Results reported are for the samples received and reference range is age related when applicable.

Analysed by : Hind Ahmed Eitayeb
Laboratory Technologist

License No : T-43709

Approved by :  Dr. Shaimaa Hussein
Clinical Pathologist

License No : D-53719

Al Taawon Rd. Opp. Shj.Expo

Patient ID : 784199796829804
Patient Name : Ms / Farah Abdallah Salameh
Gender/Age : Female / 21 Years
Clinic : BRANCH MAIN RECEPTION
Clinic Ref. No. :
Doctor : Self
Payer : SHJ-WalkIn
Lab ID : 1019002516
Visit ID : 1019002848
Branch : Sharjah
Registered on : 18-03-2019 11:28:52 AM
Reviewed on : 18-03-2019 12:48:08 PM
Validated on : 18-03-2019 12:51:20 PM
Printed on : 21-03-2019 10:58:55 AM

Biochemistry

Test Name	Result	Unit	Ref. Range	Methodology
<u>Cholesterol, Total, Serum</u>	181.7	mg/dl	Normal <200 Borderline high 200 to 239 High >/= 240	Enzymatic
<u>Cholesterol HDL, Serum</u>	48	mg/dl	High risk: <35 Moderate risk: 35-55 No risk: >55	P.Glycol
<u>Cholesterol LDL, Serum</u>	106.9	mg/dl	Optimal: <100 Near optimal:100-129 Borderline high: 130-159 High: 160-189 Very high: >190	Enzymatic
<u>Triglycerides, Serum</u>	134.11	mg/dl	Less Than 150.00	Enzymatic
<u>VLDL Cholesterol</u>	26.82	mg/dl	7.0 - 30.0	Calculation
<u>Cholesterol / HDL ratio</u>	3.8	Ratio	1.5 - 6.0	Calculation
<u>LDL / HDL ratio</u>	2.23	Ratio	Optimal < 3 Borderline 3 - 4 High risk > 6	Calculation

* Results reported are for the samples received and reference range is age related when applicable.

Analysed by : Hind Ahmed Eltayeb
 Laboratory Technologist
License No : T-43709


Approved by : Dr. Shaimaa Hussein
 Clinical Pathologist
License No : D-53719

Al Taawon Rd. Opp. Shj.Expo

Patient ID : 784199796829804 **Lab ID** : 1019002516
Patient Name : Ms / Farah Abdallah Salameh **Visit ID** : 1019002848
Gender/Age : Female / 21 Years **Branch** : Sharjah
Clinic : BRANCH MAIN RECEPTION **Registered on** : 18-03-2019 11:28:52 AM
Clinic Ref. No. : **Reviewed on** : 18-03-2019 12:48:08 PM
Doctor : Self **Validated on** : 18-03-2019 12:51:20 PM
Payer : SHJ-WalkIn **Printed on** : 21-03-2019 10:58:55 AM

Liver Function Tests

	U/L	U/L	Enzymatic
<u>Alanine Aminotransferase (ALT), Serum</u>	33.3	Less Than 41.0	Enzymatic
<u>Aspartate Aminotransferase (AST), Serum</u>	18.9	Less Than 40.0	Enzymatic
<u>Alkaline Phosphatase (ALP), Serum</u>	137.7	Less Than 130.0	Enzymatic
<u>Gamma-Glutamyltransferase (GGT), serum</u>	16	Less Than 42.0	GGCN
<u>Bilirubin, total, Serum</u>	0.5	Less Than 1.40	Colorimetric
		Neonatal:	
		24 hour : <8.8	
		2nd day : 1.3-11.3	
		3rd day : 0.7-12.7	
		4th -6th day: 0.1-12.6	
		> 1 month: 0.2-1.0	
<u>Bilirubin, Direct, Serum</u>	0.3	Up To 0.30	Colorimetric
<u>Bilirubin, Indirect, Serum</u>	0.20	Up To 1.10	Calculation
<u>Protein, Total, Serum</u>	6.8	6.4 - 8.3	Colorimetric
<u>Albumin, Serum</u>	4.52	3.5 - 5.2	Colorimetric
<u>Globulin</u>	2.28	1.9 - 3.7	Calculation
<u>A/G ratio</u>	1.98	0.6 - 1.6	Calculation
ج ر ratio			

* Results reported are for the samples received and reference range is age related when applicable.

Analysed by : Hind Ahmed Etayeb
 Laboratory Technologist

License No : T-43709

Approved by : Dr. Shaimaa Hussein .
 Clinical Pathologist

License No : D-53719

2 -2
Al Taawon Rd. Opp. Shj.Expo



مركز أوركيد الطبي
ORCHID MEDICAL CENTER

AED 210.00

RECEIPT VOUCHER (No.REC-003601)

Date:06-05-2019

Receive from Mr./Mrs./M/s. 1001362 - FARAH AL ASAF - 971564567891

The sum of Dhs. **Two Hundred Ten Dirhams and Zero Fils Only**By Cash **210.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank:

Date: **06-05-2019**Being **consultation + vat**Made by **Rana**

- 1.Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
- 2.Treatment includes lab cost is non-refundable.
- 3.After 48 hours No refundable accepted

Confirmed by : 1001362 - FARAH AL ASAF - 971564567891

Tel : + 9716 555 8337, Fax: + 9716 528 8130, e - mail : info@omc1.ae
www.omc1.ae



مركز أوركيديد الطبي
ORCHID MEDICAL CENTER

AED 210.00

RECEIPT VOUCHER (No. REC-004451)

Date: 20-07-2019

Receive from Mr./Mrs./M/s. 1001362 - FARAH AL ASAF - 971564567891

The sum of Dhs. **Two Hundred Ten Dirhams and Zero Fils Only**By Cash **210.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank:

Date: 20-07-2019

Being **CONSULTATION + VAT**Made by **Hilba**

1. Any Advance refund will be accepted within 48 hours for 25% of deduction from the total amount.
2. Treatment includes lab cost is non-refundable.
3. After 48 hours No refundable accepted

Confirmed by : 1001362 - FARAH AL ASAF - 971564567891

Tel : + 9716 555 8337, Fax : + 9716 528 8130, e - mail : info@omc1.ae
www.omc1.ae

Clinic File No.:
Lab File No.:
Lab No.:

TEST REQUEST FORM

Name: _____
DOB/Age: _____
Gender: Male Female
Nationality: _____
Mob No.: _____
E-mail: _____
Report Send to: _____

Specimen Collection Date: _____ Time _____
Fasting Yes No
Pregnancy Yes No
Ref. Doctor: _____
Ref. Clinic: _____
Insurance Company: _____
Insurance No.: _____

Clinical Details :

BIOCHEMISTRY	HORMONES	ALLERGY TESTING
<input type="checkbox"/> Albumin S	<input type="checkbox"/> 17-OH-Progesterone S	<input type="checkbox"/> Allergy (Food / Inhalant / Paediatric) S
<input type="checkbox"/> Aldosterone S	<input type="checkbox"/> ACTH S	<input type="checkbox"/> IgE S
<input type="checkbox"/> Alkaline Phosphatase S	<input type="checkbox"/> Anti-Tig Antibodies S	PROFILES
<input type="checkbox"/> ALT (SGPT) S	<input type="checkbox"/> Beta HCG S	<input type="checkbox"/> Anemia Profile I
<input type="checkbox"/> ALT (Total / Pancreatic) S	<input type="checkbox"/> Cotisol (AM / PM / R) S	<input type="checkbox"/> Anemia Profile II
<input type="checkbox"/> AST (SGOT) S	<input type="checkbox"/> DHEA-S S	<input type="checkbox"/> Antenatal Screen Profile
<input type="checkbox"/> Bicarbonate (HCO3) S	<input type="checkbox"/> Estradiol (E2) S	<input type="checkbox"/> Diabetes Profile
<input type="checkbox"/> Bilirubin (Total / Direct / Indirect) S	<input type="checkbox"/> Estriol (E3) S	<input type="checkbox"/> Double Test Profile
<input type="checkbox"/> BNP S	<input type="checkbox"/> FSH S	<input type="checkbox"/> Fertility Profile- Female
<input type="checkbox"/> Calcium (Total / Ionized) S	<input type="checkbox"/> Growth Hormone S	<input type="checkbox"/> Fertility Profile- Male
<input type="checkbox"/> Chloride S	<input type="checkbox"/> Insulin (Fasting / PP1hr/Random) S	<input type="checkbox"/> General Health Profile
<input type="checkbox"/> Cholesterol (HDL / LDL) S	<input type="checkbox"/> LH S	<input type="checkbox"/> Hepatitis B Full Profile
<input type="checkbox"/> Cholesterol, Total S	<input type="checkbox"/> Parathyroid hormone (PTH) EP	<input type="checkbox"/> Hirsutism Profile I
<input type="checkbox"/> CK S	<input type="checkbox"/> Progesterone S	<input type="checkbox"/> Hirsutism Profile II
<input type="checkbox"/> CK-MB S	<input type="checkbox"/> Prolactin S	<input type="checkbox"/> Kidney Function Test
<input type="checkbox"/> Creatinine S	<input type="checkbox"/> SHBG S	<input type="checkbox"/> Lipid Profile I
<input type="checkbox"/> Creatinine Clearance S+24U	<input type="checkbox"/> T3 (Free / Total) S	<input type="checkbox"/> Lipid Profile II
<input type="checkbox"/> Ferritin S	<input type="checkbox"/> T4 (Free / Total) S	<input type="checkbox"/> Liver Function Test
<input type="checkbox"/> Folate (Folic Acid) S	<input type="checkbox"/> TBG S	<input type="checkbox"/> Menopausal Profile
<input type="checkbox"/> GGT S	<input type="checkbox"/> Testosterone (Free / Total) S	<input type="checkbox"/> Osteoporosis Profile
<input type="checkbox"/> Glucose (Fasting / Random / PP) NF	<input type="checkbox"/> Thyroglobulin (Tg) S	<input type="checkbox"/> Ovarian Function Profile
<input type="checkbox"/> Glucose Tolerance Test NF	<input type="checkbox"/> TSH S	<input type="checkbox"/> Primary Health Profile
<input type="checkbox"/> HbA1c E	HAEMATATOLOGY	<input type="checkbox"/> Prostate Profile
<input type="checkbox"/> Iron S	<input type="checkbox"/> APTT C	<input type="checkbox"/> Recurrent Abortion Profile
<input type="checkbox"/> LD (LDH) S	<input type="checkbox"/> Blood Group E	<input type="checkbox"/> Thyroid Profile I
<input type="checkbox"/> Magnesium S	<input type="checkbox"/> CBC E	<input type="checkbox"/> Thyroid Profile II
<input type="checkbox"/> Phosphorous S	<input type="checkbox"/> Coomb's Test (Direct / Indirect) E/S	<input type="checkbox"/> TORCH IgG Profile
<input type="checkbox"/> Potassium S	<input type="checkbox"/> D-Dimer C	<input type="checkbox"/> TORCH Ig M Profile
<input type="checkbox"/> Protein Electrophoresis S	<input type="checkbox"/> ESR E	<input type="checkbox"/> Triple Test Profile
<input type="checkbox"/> Protein Total S	<input type="checkbox"/> Fibrinogen C	<input type="checkbox"/> Others
<input type="checkbox"/> Sodium S	<input type="checkbox"/> G6PD E	
<input type="checkbox"/> TIBC S	<input type="checkbox"/> Hb. Electrophoresis E	
<input type="checkbox"/> Transferrin S	<input type="checkbox"/> Lupus Anticoagulants C	
<input type="checkbox"/> Triglyceride S	<input type="checkbox"/> Malaria Smear E	
<input type="checkbox"/> Troponin S	<input type="checkbox"/> Prepheral Blood Smear E	
<input type="checkbox"/> Urea S	<input type="checkbox"/> PT & INR C	
<input type="checkbox"/> Uric Acid S	<input type="checkbox"/> Reticulocytes E	
<input type="checkbox"/> Vitamin B12 S	<input type="checkbox"/> Rh. Antibody S	
<input type="checkbox"/> Vitamin D Total (D2+D3) S	<input type="checkbox"/> Sickle Cell E	
TUMOR MARKERS	SEROLOGY & VIROLOGY	
<input type="checkbox"/> AFP S	<input type="checkbox"/> ASO S	
<input type="checkbox"/> Ca 125 S	<input type="checkbox"/> Anti-Sperm Antibodies S	
<input type="checkbox"/> CA 15-3 S	<input type="checkbox"/> Anti Transglutaminase IgA S	
<input type="checkbox"/> CA 19-9 S	<input type="checkbox"/> Brucella (IgG / IgM) S	
<input type="checkbox"/> CEA S	<input type="checkbox"/> Chlamydia Abs. (IgM / IgG) S	
<input type="checkbox"/> PSA (Free / Total) S	<input type="checkbox"/> Chlamydia Ag U/SW	
	<input type="checkbox"/> S-Serum E - EDTA blood	
	<input type="checkbox"/> EP - EDTA Plasma 24U - 24 hrs Urine NF - Sodium Floride	
	<input type="checkbox"/> U - Urine	
	<input type="checkbox"/> Se - Semen	
	<input type="checkbox"/> C-Citrate Blood	
	<input type="checkbox"/> St. - Stool / Faeces	

٥٠

Specimen Receiving Date: _____ Time _____
AM PM

Flat 203, Union National Bank Bldg. Al Buhaira Cornish St., Al Majaz, P.O. Box 65238, Sharjah, U.A.E.
Tel.+971 6 551 9916, Fax: +971 6 551 9917, E-mail: info@dhmlab.com, Website: www.dhmlab.com