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A.R.T LABORATORY TEST REQUEST FORM

Referring health facility:
 Patient card number:
 Age: Sex: Unique ART number:
 Specimen ID.....
 Patient address: Tel.....

Ordering clinician:
 Phone: clinician..... HF
 WHO staging and clinical relevant information:

Type of specimen:
 Specimen collection date: Time:
 Collected by:
 Date of specimen received Time.....

Test Requested: Routine Urgent
 CD4 count CBC Chemistry
 Serology Viral load

Cost: Free Paid Et.birr

Receipt number

(For lab use only) **LABORATORY REPORT**

Reception Specimen ID.....

CBC(COMPLETE BLOOD COUNT)			CHEMISTRY		
CBC & Differential	Result	Ref. Range*	Test	Result	Ref. Range *
WBC	µl	4.8-10.8 x10 ³	ALP	IU/L	40-150
RBC	µl	4.2- 6.1 x 10 ⁶	ALT(SGPT)	IU/L	0-50
HGB	g/dl	12.0-18.0	AST(SGOT)	IU/L	0-60
HCT	%	37.0- 52.0	Creatinine	mg/dl	0.6-1.1
MCV	%	81- 99	B.U.N/urea	mg/dl	5-18
MCH	pg	30-34	Triglyceride	mg/dl	0-200
MCHC	g/dl	30 -36	Glucose	mg/dl	70-105
PLT	µl	140 - 440 x10 ³	Cholesterol	mg/dl	0-220
LYM%	%	14.1-52.8	Bilirubin T	mg/dl	0.1-1.2
MXD%	%	1.06 -5.9	Bilirubin D	mg/dl	< 0.2
NEUT%	%	39.6-78.4	Tech	Date	
LYM#	µl	1.1-3.6 x10 ³	VIRAL LOAD (RNA QUANTITATIVE TEST)		
MXD#	µl	0.4 -1.3 x10 ³RNA Copies/ml		
NEUT#	µl	1.9-7.9 x10 ³Lower detection limit <40 copies /ml		
RDW-SDRL	%	37- 47	<input type="checkbox"/> Undetectable <input type="checkbox"/> Not done		
RDW-CVRL	fl	12-14	Detection Method: Real Time PCR		
PDW	fl	9.4 -18.1	Tech		
MPV	fl	7.4 -10.4	*Reference range are for adults only		
P-LCR	%	10.7- 45.0	Comment.....		
Tech		Date			
CD4 COUNT					
	Result	Ref. range*			
T.lym%(CD3+/CD45+)	%	55-84			
CD3 Abs count	Cells/µl	1116-1962			
T.helper%(CD3 ⁺ CD4 ⁺ /CD45 ⁺)	%	32-68			
CD4 Abs count(CD3 ⁺ CD4 ⁺)	Cells/µl	500-1300			
Lym. (CD45+)Abs count	Cells/µl	NA			
Tech		Date			
Test result verified by :		Signature		Date/...../.....E.C	