ECHO LAB
RADIOLOGY & LABORATORY SERVICES

GENERAL REQUEST FORM

Attach Job Order

Head Office:
88, Opebi Road, Opebi, Ikeja, Lagos. | customercare@echolab.ng www.echolab.ng | 0700ECHOLAB - (07003246522, 09060256665)

Referral Form: ECLRF002 Version: 003

Routine ☐ Fasting ☐ Urgent ☐ Random ☐ Others ☐ BARCODE

Patient Name: MIKE JEMBOLA OLUWASHINA - MIKE
Date of Birth: Age: 41 Title: Mr ☑ Mrs ☐ Others ☐
Gender: MALE Email:
Patient Phone:
Patient Address:
Patient Hospital ID:

Hospital Name: BEACHLAND SPECIALIST HOSPITAL
Referring Doctor: ISAAC JUSTICE
Hospital Address:
Email:
Referring Hosp./Dr. Tel:

Bill: SELF ☐ HMO ☐ Hospital ☐ Guardian ☐
HMO Authorisation Code: LMP:

Sample Collection: Date: Time: Phlebotomist
Sample Received: Date: Time: Submitted Sample YES ☐ NO ☐

Clinical Information & Diagnosis
Severe back pain. ? MSS v/o lumbar spondylosis and disc herniation.

Tick Request Category: Pathology ☐ Radiology ☑ Cardiology ☐ Wellness ☐ Others ☐

Patient | Guardian Consent:
By signing this document implies my full understanding of terms and legal declaration provided on page two of the referral form. I hereby give my consent for the investigation to be carried out as requested and has agreed to releasing of my investigation results sent through provided email address, phone number medical aid or collected by self. I consent to Echolab Radiology and Laboratory service indemnity against confidentiality breech by self that may ensue from the request and results. I hereby agree to Echolab policy and terms to pay any outstanding charges not covered by medical aid or HMO.

Signature:

PATHOLOGY

HAEMATOLOGY
- EDTA ☐ FBC/CBC
- EDTA ☐ ESR
- EDTA ☐ Blood Group + Rhesus
- EDTA ☐ Direct Coombs
- SST ☐ Indirect Coombs
- EDTA ☐ Reticulocytes count
- EDTA ☐ Hb Genotype - Quantitative
- EDTA ☐ Vitamin B12
- EDTA ☐ HB Electrophoresis
- EDTA ☐ Serum Folate
- EDTA ☐ Red Cell Folate
- SST ☐ Iron Studies
- EDTA ☐ Ferritin
- CIT ☐ D-Dimer
- EDTA ☐ Peripheral Blood Film
- EDTA ☐ HB Quantification

LIVER / PANCREATIC TESTS
- SST ☐ Bilirubin - Total
- SST ☐ Bilirubin - Direct
- SST ☐ Liver Enzymes (ALT, AST, GGT, ALP)
- SST ☐ Total Protein
- SST ☐ Albumin
- SST ☐ Globulin
- SST ☐ Alkaline Phosphatase
- SST ☐ Amylase
- SST ☐ Lipase
- SST ☐ Protein Electrophoresis
- SST ☐ Immunofixation

IMMUNOLOGY
- SST ☐ Anti Mullerian Hormone
- SST ☐ Aldosterone
- SST ☐ Growth Hormone
- SST ☐ C3 complement
- SST ☐ C4 complement
- SST ☐ Vitamin D3
- SST ☐ Anti CCP
- SST ☐ ACTH
- SST ☐ 17-OH Progesterone
- SST ☐ Beta Hcg, Qualitative
- SST ☐ Sex Hormone Binding globulin
- SST ☐ dsDNA
- SST ☐ ANA
- SST ☐ DHEAs
- SST ☐ IgG
- SST ☐ IgA
- SST ☐ IgM
- SST ☐ IgE
- SST ☐ Beta Hcg, Quantitative
- SST ☐ Anti Phospholid Abs
- SST ☐ Cardiolipin Abs

HISTOLOGY
- FML ☐ Histology- Small specimen
- FML ☐ Histology- Medium specimen
- FML ☐ Histology- Large specimen

ANDROLOGY
- UNV ☐ Semen Analysis - (SFA)
- UNV ☐ Semen M/C/S

KIDNEY
- SST ☐ E/U/Cr
- SST ☐ Electrolytes
- SST ☐ Urea
- SST ☐ Creatinine
- ** ☐ 24hr Creatinine Clearance
- SST ☐ Calcium
- SST ☐ Uric Acid
- KEG ☐ 24hr Urine Protein
- SST ☐ Phosphorus
- SST ☐ LDH
- SST ☐ Magnessium

HEART AND MUSCLE
- SST ☐ Troponin I
- HEP ☐ Troponin T
- HEP ☐ NT-proBNP
- HEP ☐ CK-MB
- SST ☐ Myoglobin
- SST ☐ hs-CRP

LIPID PROFILE
- SST ☐ Total Cholesterol (Fasting)
- SST ☐ HDL
- SST ☐ LDL
- SST ☐ Triglycerides

COAGULATION
- CIT ☐ PT/INR
- CIT ☐ aPTT
- CIT ☐ Fibrinogen
- CIT ☐ Protein C
- CIT ☐ Protein S
- CIT ☐ Bleeding Time
- CIT ☐ Factor VII
- CIT ☐ Lupus Anticoagulant

SUBSTANCE OF ABUSE
- UNV ☐ Cocaine
- UNV ☐ Marijuana (Cannabis)
- UNV ☐ Barbiturates
- UNV ☐ Benzodiazepines
- UNV ☐ Opiates
- UNV ☐ MDMA (Ecstasy)
- UNV ☐ Methamphetamines
- UNV ☐ Amphetamines
- SST ☐ Ethanol

DIABETES PROFILE
- FL ☐ Glucose - Fasting
- FL ☐ Glucose - Random
- FL ☐ 2H P P Glucose
- FL ☐ GTT 75g - Standard
- EDTA ☐ HbA1C (Glycosylated Hb)
- SST ☐ Insulin
- SST ☐ C- Peptide
- ☐ Microalbumin

INBORN ERROR OF METABOLISM
- ☐ Double Screening
- ☐ Triple Screening
- ☐ Quadruple Screening

PREGNANCY/REPRODUCTION
- SST ☐ Pregnancy Test (Qualitative)
- SST ☐ Pregnancy Test (Quantitative -bHCG)
- SST ☐ Estradiol -E2
- SST ☐ Progesterone
- SST ☐ FSH
- SST ☐ LH
- SST ☐ Prolactin
- SST ☐ Testosteron
- SST ☐ Anti-Mullerian Hormone
- SST ☐ Fertility Profile -Male (FSH, LH, Test., Prog.)
- SST ☐ Fertility Profile - Female (FSH, LH, Prol., Prog)
- ☐ DHEAS

THYROID FUNCTION TESTS
- SST ☐ TSH+T3+T4
- SST ☐ FT4 (Free Thyroxine)
- SST ☐ FT3 (Free Tri-iodothyronine)

TUMOR MARKERS
- SST ☐ PSA (Total)
- SST ☐ fPSA (Free PSA)
- SST ☐ AFP
- SST ☐ CEA
- SST ☐ CA 19-9
- SST ☐ CA 125
- SST ☐ CA 15-3
- SST ☐ Beta-2 Microglobulin
- EDTA ☐ JAK2 Mutation
- HEP ☐ BCR-ABL mutation
- SST ☐ Phyladelphia Chromosome

HEPATITIS PROFILE
- SST ☐ HBsAg Rapid
- SST ☐ Hep B s (Ag)
- SST ☐ Hep B s (Ab)
- SST ☐ Hep B e (Ag/Ab)
- SST ☐ Hep B Core Ab (Total)
- SST ☐ Hep B Core Ab(IgM)
- SST ☐ Hep C Ab
- SST ☐ Hep A
- SST ☐ Hep B Profile
- SST ☐ HBV DNA viral load
- SST ☐ HCV antibody - rapid screen
- SST ☐ HCV viral load

CYTOLOGY
- ☐ Pap Smear-conventional
- ☐ Liquid Based Cytology
- ☐ FNAC
- ☐ FNAC USS/CT Guided
- ☐ Fluid Cytology (specify.....)

ALLERGY
- ☐ IgE Total ☐ Skin Test
- ☐ IgE Specific Rast
- ☐ Inhalent
- ☐ Food Screening (Adult)
- ☐ Food Screening (Paediatrics)
- ☐ Allergen Immunotherapy Vaccine

SEROLOGY / INFECTIOUS DISEASE
- SST ☐ VDRL/RRP
- SST ☐ HBsAg Rapid
- SST ☐ Helicobacter Pylori Ab (WB)
- SST ☐ TPHA
- SST ☐ Rheumatoid Factor
- SST ☐ Anti-cardiolipin Ab
- SST ☐ Chlamydia IgM
- SST ☐ Chlamydia IgG
- SST ☐ TORCH Screen
- SST ☐ Toxoplasma IgG
- SST ☐ Toxoplasma IgM
- SST ☐ Varicella Zoster IgG
- SST ☐ Varicella Zoster IgM
- SST ☐ Varicella Zoster IgA
- EDTA ☐ Renin
- SST ☐ Rubella IgG
- SST ☑ Rubella IgM
- SST ☐ Herpes 1 IgG
- SST ☐ Herpes 1 IgM
- SST ☐ Herpes 2 IgG
- SST ☐ Herpes 2 IgM
- SST ☐ Herpes simplex 1&II (IgM/IgG)
- SST ☐ Angiotensin Converting Enzyme
- SST ☐ Antidiuretic Hormone (ADH)
- SST ☐ Mumps IgG
- SST ☐ Mumps IgM
- SST ☐ Brucella IgG
- SST ☐ Brucella IgM
- SST ☐ Dengue Ab Rapid
- SST ☐ ASO

METALS
- SST ☐ Copper
- SST ☐ Zinc
- SST ☐ Lead

HIV
- SST ☐ HIV Rapid screen
- SST ☐ HIV Elisa 1 & 2
- SST ☐ P24 Antigen + HIV 1 & 2 Ab
- SST ☐ CD4
- SST ☐ HIV Viral Load

BONE MARROW STUDIES
- ☐ BM Aspirate Cytology
- ☐ BM Biopsy Histology
- ☐ Special Studies

MOLECULAR BIOLOGY
- SST ☐ PCR HIV 1 early infant Diagnosis
- URINE ☐ PCR Neisseria Gonorrhea
- SWAB ☐ PCR Chlamydia Trachomatis
- SST ☐ Hepatitis B viral load
- SST ☐ Hepatitis C viral load
- SST ☐ PCR Herpes Simple Virus 1&2
- SPT ☐ PCR Mycobacterium Tuberculosis
- SWAB ☐ PCR High Risky HPV

OTHERS (SPECIFY)

MICROBIOLOGY
- EDTA ☐ Malaria - Thick and Thin Film
- SST ☐ Widal Test
- ☐ M/C/S (specify.....)

- ☐ CSF Analysis
- ☐ CSF Count
- ☐ Blood Culture-Aerobic
- ☐ Blood Culture-Anaerobic
- ☐ Blood Culture-Paediatric
- ☐ Faecal Occult Blood
- ☐ H.Pylori Antigen(Stool)
- ☐ Stool Microscopy

TUBERCULOSIS
- SPT ☐ ZN-AFB
- HEP ☐ TB Quantiferon Gold
- ☐ Mantoux Test
- ☐ Gene Xpert(MTB-RIF)
- ☐ TB Culture

TISSUE HISTOCOMPATIBILITY
- ☐ HLA B 27
- ☐ HLA Tissue Typing / cross matching

ENDOCRINOLOGY
- SST ☐ Anti TPO
- SST ☐ Anti Thyroglobulin (TG)
- SST ☐ Parathyroid Hormone

DRUG ASSAY
- SST ☐ Sirolimus
- SST ☐ Tacrolimus

PARENTAGE SCREENING
- ☐ DNA Testing ☐ ABO, Rh
- ☐ HLA (Type 1)
- ☐ HLA (Type 2)
- ☐ RH Phenotype

PREMARITAL CHECK UP
- * Male
- ☐ RBG ☐ VDRL
- ☐ HIV ☐ ABO Rh
- ☐ Hb ☐ Semen
- ☐ HbsAg
- * Female
- ☐ RBG ☐ Hb
- ☐ HIV ☐ VDRL
- ☐ FSH ☐ LH
- ☐ Rubella IgG ☐ ABO-Rh
- ☐ Progesterone ☐ HbsAg
- ☐ E2
- If Related:
- ☐ Hb Electrophoresis
- ☐ Karyotyping

Specimen Type Taken: EDTA [ ] SST [ ] CIT [ ] FL [ ] HEL [ ] CLOT [ ] UNV [ ] URINE [ ] 24H URINE [ ] SPUT [ ] SWAB [ ] FAEC [ ] FML [ ] BLD Culture [ ] OTHERS

Specimen Received: EDTA [ ] SST [ ] CIT [ ] FL [ ] HEL [ ] CLOT [ ] UNV [ ] URINE [ ] 24H URINE [ ] SPUT [ ] SWAB [ ] FAEC [ ] FML [ ] BLD Culture [ ] OTHERS

Sample Bottle Guide **:key + SST: Serum Separator Tube (YELLOW CAP) FL: Fluoride Oxalate (GREY CAP) EDTA (PURPLE CAP) HEP: Heparine (GREEN CAP)
CIT: Citrate Bottle (BLUE CAP) UNV: Universal Bottle (RED CAP) SPUT: Sputum, FAEC: Faeces, FML: Formalin

OUR LOCATIONS

OPEBI, IKEJA
88, Opebi Road, Opebi Ikeja, Lagos.

WUSE, ABUJA
11, Embu Street, Off Aminu Kano Crescent, Wuse 2, Abuja.

VICTORIA ISLAND, LAGOS
99, Ajose Adeogun Street, Victoria Island, Lagos.

KADUNA
4, Katsina Road, Off Independence Way, Kaduna

SHOP 26 POWA, SHOPPING COMPLEX,
OBA AKINJOBI ROAD BRIDGE
POLICE COLLEGE, GRA-IKEJA, LAGOS

AKOWONJO, LAGOS
39, Shasha Road, Akowonjo Road, Lagos.

MARARABA
Opposite Mararaba Medical Centre, Tipper Garage, Mararaba.

ASSAD PLAZA, ABUJA
26, Assad Plaza Gado, Nasco Road, Kubwa, Abuja.

GARKI, ABUJA
21, Otukpo Street, Area 11 Ahmadu Bello Way, Garki, Abuja

ASABA
3758, Nnebisi road, Opposite Glo-mobile Office, Asaba Delta State.

KARU, ABUJA
Plot 286,Foreign Affairs Quarters, Karu Site, Karu, Abuja

BENIN
No.1 , Second East Circular Road, Off Mpaka Road, Benin City

ULTRASOUND

FEMALE
- ☐ PELVIC - ROUTINE
- ☐ SONO HSG
- ☐ FOLLICULAR USS
- ☐ OBSTETRIC
- ☐ TRANSVAGINAL
- ☐ GLUTEAL
- ☐ BREAST
- ☐ ABDOMINOPELVIC USS
- ☐ TRANSVAGINAL ULTRASOUND
- ☐ TRANSVAGINAL FOLLICULAR SCAN
- ☐ TRANSVAGINAL ULTRASOUND FOR EARLY PREGNANCY

MUSCULOSKELETAL
- ☐ WRIST JOINT
- ☐ ELBOW JOINT
- ☐ HIP JOINT
- ☐ KNEE JOINT
- ☐ SHOULDER JOINT
- ☐ ANKLE JOINT
- ☐ SOFT TISSUE USS

GENERAL
- ☐ ABDOMINAL
- ☐ ABDOMINO-PELVIC
- ☐ TRANSRECTAL USS FOR PROSTATE
- ☐ OCULAR OR B- USS
- ☐ THYROID USS
- ☐ TRANSFONTANELLE USS
- ☐ SOFT TISSUE/ SMALL PARTS USS
- ☐ 1-3 MONTHS OBSTETRICS USS
- ☐ 4 - 9 MONTHS OBSTETRICS USS
- ☐ SONOHYSTEROGRAPHY
- ☐ ANTRAL FOLLICULAR ULTRASOUND

MALE
- ☐ TESTICULAR
- ☐ SCROTAL
- ☐ PROSTATIC
- ☐ ABDOMINOPELVIC USS MALE

DOPPLER
- ☐ LOWER LIMBS ARTERIES
- ☐ LOWER LIMBS VEIN
- ☐ SCROTAL USS WITH DOPPLER

PAEDIATRIC
- ☐ TRANSFONTANELLE
- ☐ ADRENAL GLAND

☐ OTHERS(PLEASE SPECIFY)_____

DIGITAL X-RAY

GENERAL
- ☐ CHEST XRAY PA
- ☐ SOFT TISSUE NECK

HEAD
- ☐ SKULL PA/LAT
- ☐ SINUSES

ABDOMEN/PELVIS
- ☐ ROUTINE ABDOMEN
- ☐ ACUTE ABDOMEN
- ☐ PELVIC XRAY
- ☐ HIP JOINT

SPECIALS
- ☐ PELVIMETRY
- ☐ HSG
- ☐ BARIUM STUDIES
- ☐ IVU

JOINTS
- ☐ WRIST
- ☐ ELBOW
- ☐ SHOULDER
- ☐ KNEE
- ☐ ANKLE

EXTREMITIES
- ☐ HAND
- ☐ FORE ARM
- ☐ ARM
- ☐ FOOT
- ☐ LEG
- ☐ THIGH

SPINE
- ☐ CERVICAL
- ☐ THORACIC
- ☐ LUMBO-SACRAL

☐ OTHERS(PLEASE SPECIFY)_____

CT SCAN

BRAIN
- ☐ ROUTINE BRAIN
- ☐ ORBITS
- ☐ SINUSES
- ☐ FACIAL BONES
- ☐ IAM/MASTOID BONES

CHEST
- ☐ ROUTINE CHEST
- ☐ HRCT - High Resolution Chest CT

ABDOMEN
- ☐ ABDOMEN & PELVIS
- ☐ UROGRAPHY
- ☐ TRIPHASIC LIVER
- ☐ PANCREATOGRAPHY
- ☐ COLONOSCOPY

JOINTS
- ☐ WRIST
- ☐ ELBOW
- ☐ ANKLE
- ☐ KNEE
- ☐ HIP

ANGIOGRAMS
- ☐ CAROTIDS
- ☐ CIRCLE OF WLLIS
- ☐ PULMONARY ANGIO

LONG BONES
- ☐ FEMUR
- ☐ HUMERUS
- ☐ PETROUS BONE/ TEMPOROMASTOID CT

SPECIALS
- ☐ CARDIAC
- ☐ FEMORAL RUN -OFF
- ☐ DENTASCAN
- ☐ LUNG VCAR
- ☐ PERFUSION
- ☐ THORACIC AORTIC DISSECTION

☐ OTHERS(PLEASE SPECIFY)_____

MRI

BRAIN
- ☐ ROUTINE BRAIN
- ☐ INT. AUDITORY CANAL
- ☐ SEIZURE
- ☐ ORBITS
- ☐ PITUITARY GLAND

SPINE
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☑ LUMBO-SACRAL SPINE
- ☐ MRI WHOLE SPINE

JOINTS
- ☐ WRIST
- ☐ ELBOW
- ☐ SHOULDER
- ☐ ANKLE
- ☐ KNEE
- ☐ HIP
- ☐ FOOT MRI

SPECIALS
- ☐ CARDIAC
- ☐ BREAST

LONG BONES
- ☐ FEMUR
- ☐ HUMERUS

ANGIOGRAMS
- ☐ CAROTIDS
- ☐ AORTOGRAPHY
- ☐ CIRCLE OF WILLIS
- ☐ AORTIC ABDOMINAL
- ☐ PELVIC MRI FEMALE

ABDOMEN
- ☐ BASIC ABDOMEN
- ☐ PANCREASE
- ☐ LIVER
- ☐ KIDNEY
- ☐ CHOLANGIOPANCREATOGRAPHY
- ☐ MRI ABDOMINOPELVIC
- ☐ PELVIC MRI FOR PROSTATE
- ☐ MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)

☐ OTHERS(PLEASE SPECIFY)_____

MAMMOGRAPHY

☐ MAMMOGRAPHY (DIAGNOSTIC) ☐ MAMMOGRAPHY (ROUTINE)

CARDIOLOGY

☐ ECHOCARDIOGRAPHY ☐ RESTING ECG ☐ STRESS ECG ☐ HOLTER (24 HR) ECG

WELLNESS

☐ STANDARD ☐ SILVER ☐ GOLD ☐ DIAMOND ☐ PLATINUM

☐ MY-VITAL PACKAGE ☐ ULCER PROFILE ☐ ARTHRITIS PROFILE ☐ PRE-EMPLOYMENT SCREENING ☐ OTHERS(PLEASE SPECIFY)_____

Legal declaration and consent for the processing of personal information and the releasing of reports.

Patient | Guardian signature:

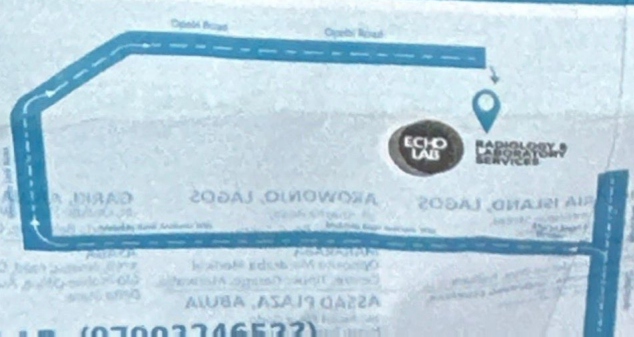
By signing this document, I agree that the personal information provided on the general request form was voluntarily provided, complete and accurate. I hereby provide consent for the investigations requested on the request form to be performed by Ecolab Radiology & Laboratory Services.

Payments & charges: I do agree to settle all amounts due by me. I guarantee payment of amounts not covered by my insurance provider, company or amounts exceeding the estimated quotation provided. I understand that the cost of investigation(s) requested on this form are separate from the hospital charges.

Use of information: I understand that the personal information provided by me on the general request form will be used by Ecolab Radiology & Laboratory Services for performing and processing the investigation requested on the Ecolab general request form.

Transfer of report: I consent that Ecolab can disclose the personal information to third parties (i.e. my referring doctor, my insurance service provider, my company or as applicable) documented on the request form. I understand that once Ecolab has handed my personal information to the third parties documented on the request form, that Ecolab has no further control over this information and that Ecolab will not be held accountable for the safeguarding of this information.
I acknowledge that either myself or any third parties receiving specific information from this request form or generate report from investigations carried out shall not indemnify Echolab against any claims arising from the wrongful use or disclosure of the information by such third party.

MAP DIRECTION



Call Centre