AFRIGLOBAL MEDICARE
Inspiring Africa

CERTIFIED ISO 15189:2012 LABORATORY

TEST REQUEST FORM

Date: 24/04/2025

FILL IN CAPITAL LETTERS

O Urgent O Routine O Home Blood Collection O HMO Enrollee No: ____

O Bill Patients O Bill Hospital/Lab O Report by E-mail O Bill HMO: ____ Specify

Patient Name: Mmasinachi (Surname) Okafor (Others)

Age/Sex: F/Ad. Phone: ____

Doctor's Name & Signature: Dr Paul Kusemiju [signature]

Tel: 08128482675 E-mail: pablokush@yahoo.com

Hospital Name/Addesss: ____

Test Required: H. Pylori

Provisional Diagnosis & History: ____

Further Instruction

OYIMEAN 0703 165 2334 AFRIGLOBAL

HEALTH CHECK PLANS

o Basic HCP o Standard HCP o Silver HCP o Gold HCP o Diamond HCP o Platinum HCP o Pre-Employment Check-Up
o Pre-Marital Check-Up o Domestic Staff Check-Up o Corporate Screening o Others

BLOOD PATHOLOGY TESTS

HAEMATOLOGY
- FBC/complete Haemogram
- Hb/PCV
- WBC - Total
- Differential Leucocyte Count
- Platelet Count
- Reticulocyte Count
- ESR
- Peripheral Blood Smear Exam
- ⇨ LE Cell
- PT/INR
- APTT
- D-dimer
- Fibrinogen
- ⇨ Bleeding Time
- ⇨ Clotting Time
- Hb Genotype
- Protein Electrophoresis
- Sickling Test
- Bone Marrow Study
- Coomb's Test - Direct
- Coomb's Test Indirect
- Blood Group
- Malaria Parasite - Bs
- Malaria Combi Test
- Microfilaria Blood
- O Cell count / Type

ENDOCRINOLOGY
- Thyroid Profile
- TSH
- Total T3
- Total T4
- Free T4
- Free T3
- Hormones
- LH
- FSH
- Progesterone
- Oestradiol
- DHEA - S
- Testosterone
- Prolactin
- Growth Hormone
- B HCG Quantitative

SEROLOGY
- Anti-Streptolysin O
- Rhuematoid Factor
- C- Reactive Protein
- Widal Test
- O Pregnancy Test - Urine
- Pregnancy Test - Serum
- H.pylori - Serum ✓
- Infectious Mononucleosis/Test

HISTOLOGY
- O Histology Studies (Small)
- O Histology Studies (Medium)
- O Histology Studies (Large)
- O Immunohistochemistry (IHC)
- O DNA Paternity Test

Specimen Container
- ⇨ Sample to be collected in the centre
- EDTA
- Sodium Citrate
- Lithium Heparin
- Flouride Oxalate
- Plain Tube
- O Sterile Container

CYTOLOGY
- ⇨ Pap Smear (Cervical)
- ⇨ FNAC Direct
- ⇨ FNAC USS/CT Guided
- O Barr Bodies - Buccal Smear
- O Liquid Based Cytology (LBC)
- O Cytology (Fluid) Specify

MICROBIOLOGY
- O Urine RE
- O Stool RE
- O Stool Occult ____
- O Semen Analysis ____
- O Gram Stain ____
- O Zn Stain-sputum (3 days)
- O Zn Stain
- O Fungus Studies (Specify)
- O KOH Mount
- O Others Specify
- T - Spot (TB)
- ⇨ Mantoux Test
- O M/C/S

Please specify ____

IMMUNOLOGY
- ANA Screen
- DS-DNA
- Phospholipid Antibody Panel
- Cardiolipin Ab IgG
- Cardiolipin Ab IgM
- Total IgE
- Serum IgM, IgA
- Serum IgM
- Serum IgA
- VDRL
- TPHA
- Torch Panel
- Toxoplasma IgG
- Toxoplasma IgM
- Rubella IgG
- Rubella IgM
- CMV - IgG
- CMV - IgM
- HSV 1 & 2 IgG
- HSV 1 & 2 IgM
- Chlamydia Test
- Anti-HAV Total
- Anti-HAV IgM
- Hepatitis Panel
- HBsAg
- Anti-HBS Ab
- HBeAg
- HBeAb
- Anti HBC Total
- Anti HBC IgM
- Anti - HCV
- HIV I & II

TUMOR MAKERS
- Insulin
- Cortisol Am/Pm
- PSA (Total)
- PSA (Free)
- Alpha Pheto Protein
- CEA
- CA 125
- CA 15.3 (Breast)
- CA 19.9 (Git Pancreas)

CLINICAL CHEMISTRY
- Cardiac Maker
- CPK
- CPK, MB Mass
- Troponin 1
- Myoglobin
- Renal Function Test
- Sodium
- Potassium
- Chloride
- Bicarbonate
- Urea
- Creatine
- Tacrolimus
- Calcium
- Phosphorous
- Magnesium
- Diabetic Profile
- Glucose (2HPP)
- Glucose (random)
- Glucose (fasting)
- ⇨ OGTT
- HBA1C
- LDH
- Amylase
- Lipase
- G6PD

MOLECULAR BIOLOGY
- DNA Paternity Test
- Viral Load

Others Specify ____

DRUG ASSAYS/METABOLITIES
- Lithium
- Valproate
- Phenyton
- Cocaine Metabolities (Urine)
- O Drug of Abuse (5panel, 8panel, 10panel)
- Alcohol Test

Lipid Profile
- Cholesterol - Total
- Cholesterol - HDL
- Cholesterol - LDL
- Triglycerides

Liver Function Tests
- Bilirubin (total)
- Bilirubin (direct)
- Total Protein
- Albumin
- SGPT (ALT)
- SGOT (ALT)
- Alk (Phosphatase)
- GGT
- Uric Acid
- Serum osmolality
- O Creatinine Clearance
- O Urine Amylase
- O Urine Micro - Albumin
- Acid Phosphatase (T+Pr)
- O Urinary Sodium
- O Urinary Calcium
- Fluid Albumin
- CSF Glucose
- CSF Protein
- Fluid Glucose (Specify Specimen)
- Fluid Protein (Specify Specimen)

Others(Specify)
____

ANTHONY
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REQUEST FORM

Crestview RADIOLOGY LTD.
RC: 649179

Date: 24 04 2025

(✓) Routine ( ) Emergency ( ) Urgent

BOOKING/EMERGENCY LINE
0807 335 9192, 0708 780 8804

Patient Name Mmasinachi Okafor.

Tel _____ Email _____

Sex F Age/DOB DD / MM / YYYY Adult LMP DD / MM / YYYY

Referring Doctor Dr Paul Kusemiju

Doctor's Contact No 08128982675 Doctor's Email Pablokush@yahoo.com

Hospital Name/Address _____

Provisional Diagnosis ? PUD

Clinical History Left abdominal pain radiating to the back.

Investigation Required Abdomino pelvic Scan
(please tick overleaf)

Bill Sent to: (✓) Patient ( ) Doctor ( ) Company

Final Report Sent to: (✓) Patient (✓) Doctor

INVESTIGATION REQUIRED:
(Please tick the appropriate box)

DIGITAL X-RAY
- ( ) Skull (All Views)
- ( ) Skull (AP/Lat)
- ( ) Sinuses
- ( ) Mastoids
- ( ) Mandible
- ( ) Temporomandibular Joint
- ( ) Cervical Spine (All Views)
- ( ) Cervical Spine (AP/Lat)
- ( ) Dorsal Spine
- ( ) Thoraco-Lumbar Spine
- ( ) Lumbosacral Spine
- ( ) Lumbosacral with obliques or cone view
- ( ) Chest (PA Only)
- ( ) Chest (PA/Lat)
- ( ) Chest (One View)-Special
- ( ) Thoracic Inlet
- ( ) Pelvis & Hips
- ( ) Pelvis
- ( ) Abdomen (Straight)
- ( ) Abdomen (Erect & Spine)
- ( ) Shoulder
- ( ) Upper arm
- ( ) Elbow
- ( ) Forearm (Radius & Ulna)
- ( ) Wrist
- ( ) Hand
- ( ) Thigh (Femur)
- ( ) Knee
- ( ) Leg (Tibia & Fibula)
- ( ) Ankle
- ( ) Foot
- ( ) Fingers
- ( ) Post Nasal Space

MRI
- ( ) Brain
- ( ) Brain with MRA
- ( ) Brain with MRV
- ( ) Carotid Angio
- ( ) Orbit
- ( ) Sinuses
- ( ) TMJ
- ( ) Pituitary Fossa
- ( ) IAM
- ( ) Neck
- ( ) Nasopharynx
- ( ) Cervical Spine
- ( ) Thoracic Spine
- ( ) Lumbar Spine
- ( ) Sacro-iliac Joint
- ( ) Whole Body
- ( ) Whole Spine
- ( ) Abdomen
- ( ) Pelvis
- ( ) Abdomino-Pelvis
- ( ) Leg
- ( ) Hip
- ( ) Forearm
- ( ) Elbow
- ( ) Humerus
- ( ) Shoulder
- ( ) Knee
- ( ) Foot
- ( ) Ankle
- ( ) Wrist
- ( ) Hand
- ( ) MR Breast
- ( ) MR Chest
- ( ) MRCP
- ( ) Prostate
- ( ) Brachial Plexus

CT
- ( ) Brain
- ( ) Sinuses
- ( ) Pituitary Fossa
- ( ) Orbit
- ( ) TMJ
- ( ) IAM
- ( ) Neck
- ( ) Chest
- ( ) HRCT for Lungs
- ( ) Abdomen Whole
- ( ) Upper Abdomen
- ( ) Pelvis
- ( ) Abdomen & Pelvis
- ( ) Cervical Spine
- ( ) Thoracic Spine
- ( ) Thoraco-Lumber Spine
- ( ) Lumbar Spine
- ( ) Hip Joint
- ( ) Sacro-Iliac Joint
- ( ) Pulmonary Angio
- ( ) Peripheral Angio
- ( ) Carotid Angio
- ( ) Circle of Willis
- ( ) Renal Angio
- ( ) Aortic Angio
- ( ) CT Myelogram
- ( ) Biopsy
- ( ) Aspirations
- ( ) 3D Reconstruction

SPECIFIC ASK
- ( ) Endoscopy
- ( ) Biopsy

SPECIAL INVESTIGATIONS
- ( ) Barium Swallow
- ( ) Barium Meal and follow through
- ( ) Barium Meal with Gastrografin
- ( ) Intravenous Urogram (IVU)
- ( ) Micturating Cysto Urethrogram (MCUG)
- ( ) Retrograde Urethrogram (RUCG)
- ( ) Hysterosalpinggogram (HSG)
- ( ) MCUG/RCUG - Combined
- ( ) Intravenous Cholangiogram
- ( ) Transphepatic Cholangiogram
- ( ) Sinography/Fistulugraphy
- ( ) Skeletal Survey (Adult)
- ( ) Deep Venogram (2 legs)
- ( ) Venogram (1 leg)
- ( ) Peripheral Arteriography
- ( ) Sono HSG
- ( ) Saline Infused Hysterogram
- ( ) Bone Densitometry (DEXA)
- ( ) Cystogram, Skeketal Survey
- ( ) Endoscopy, Biopsy
- ( ) Others

ANNUAL COMPREHENSIVE MEDICAL ASSESSMENT
- ( ) Platinum Category
- ( ) Gold Category
- ( ) Bronze Category
- ( ) Pre-Employment (Premium Category)
- ( ) Pre-Employment (Regular Category)
- ( ) Routine Medical Examination
- ( ) Well Woman Special Package
- ( ) Food Handlers Screening
- ( ) Domestic Staff Screening
- ( ) Drivers Screening
- ( ) Senior Citizens Screening

SECOND OPINION REPORT
- ( ) Plain Radiograph
- ( ) MRI
- ( ) CT
- ( ) CD Reprint/Film Reprint

ULTRASOUND SCANS
- ( ) Pelvic Scan (gynae)
- ( ) Early Obstetric Scan
- ( ) Nuchal Translucency Scan (11-13wks)
- ( ) Routine Obstetric USS
- ( ) Comprehensive Fetal Assessment (including Fetal anomaly evaluation) **(18wks + - 23wks)**
- ( ) BPP (Biophysical Profile)
- ( ) Transvaginal USS
- ( ) Upper Abdominal Scan
- (✓) Abdomino Pelvic USS
- ( ) Kidney & Urinary Bladder Only
- ( ) Thyroid Scan
- ( ) Scrotal/Testicular Scan
- ( ) Others

PROSTATE SCREENING
- ( ) Comprehensive Prostate Screening
- ( ) Transrectal Prostate Ultrasound
- ( ) Urine Flow Rate

VASCULAR STUDY (DOPPLER)
- ( ) Carotid Doppler
- ( ) Venous Doppler
- ( ) Selective Organ Vascular Study (Specify)

ELECTROCARDIOGRAPHY (ECG)
- ( ) Resting ECG
- ( ) Stress ECG
- ( ) Echocardiogram

BREAST ASSESSMENT
- ( ) Breast Scan
- ( ) Screening Mammogram (Digital)
- ( ) Diagnostic Mammogram (Digital) (Including Coneviews & Magnification)
- ( ) Ultrasound Guided Biopsy
- ( ) Others

CT MRI X-RAY USS ECG
MAMMO ULTRASOUND ENDOSCOPY

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Revolutionalizing Diagnostic Imaging