



MAKERERE UNIVERSITY

# Infectious Diseases Institute (IDI) Core Laboratory REQUISITION FORM



Study/Patient ID \_\_\_\_\_

Study Code \_\_\_\_\_

Patient Initials |\_\_|\_\_| Patient Sex  Male  Female  Pregnant Patient Age  Adult  Child |\_\_|\_\_|

Years  
 Months  
 Weeks  
 Days

**Lab Accession Number Label:**

(Stick label here)

Sample Type  Purple top tube [P], EDTA \_\_\_\_ mls  
 Red top tube [R], non \_\_\_\_ mls  
 Urine, \_\_\_\_ mls.  
 Breast Milk, \_\_\_\_ mls  
 Other, (specify) \_\_\_\_ (vol) \_\_\_\_ mls

Visit Type \_\_\_\_\_

Years  
 Months  
 Weeks  
 Days

**PRIORITY:**

Routine  
 Urgent/STAT

Doctor's Name and Tel: \_\_\_\_\_ Sample Comments: \_\_\_\_\_

Collected By: |\_\_|\_\_| Date:\* |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_| Time: |\_\_|\_\_| : |\_\_|\_\_| (24hr clock)

Picked from Clinic: |\_\_|\_\_| Date:\* |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_| Time: |\_\_|\_\_| : |\_\_|\_\_| (24hr clock)

Delivered to Lab: |\_\_|\_\_| Date:\* |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_| Time: |\_\_|\_\_| : |\_\_|\_\_| (24hr clock)

Received By: |\_\_|\_\_| Date:\* |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_| Time: |\_\_|\_\_| : |\_\_|\_\_| (24hr clock)

**Test Requests:** [Tubes in order of preference, **Purple** = EDTA (Plasma), **Red** = plain vacutainer tube (Serum), **Gray** = Fluoride] \*Date Format: DD-MM-YY

<b>HIV Testing</b> <input type="checkbox"/> HIV EIA Combo (Ag+Ab Screen) [R,P] <input type="checkbox"/> HIV Screen [R,P] <input type="checkbox"/> HIV Unigold Recombigen [R,P] <input type="checkbox"/> HIV Alere Combo (Ag+Ab) [R,P] <input type="checkbox"/> Geenius HIV 1/2 [R,P] <input type="checkbox"/> HIV Screen - if POS HIV-RNAPCR [P] <input type="checkbox"/> HIV Screen -- if POS CD4 & CD8 [P] <input type="checkbox"/> Qual HIV DNA PCR [P] <input type="checkbox"/> Quant HIV RNA PCR (viral load) [P] <input type="checkbox"/> Qual HIV DNA PCR - if POS Quant [P] <input type="checkbox"/> Abbott RT HIV-1 RNA PCR [P]	<b>Serology Testing - Other</b> <input type="checkbox"/> Syphilis, RPR test w/Titre [P,R] <input type="checkbox"/> Syphilis, RPR if POS TPAB [P,R] <input type="checkbox"/> Syphilis, TPAB test [P,R] <input type="checkbox"/> Crag [R, CSF] <b>Hepatitis Testing</b> <input type="checkbox"/> Hep B-sAg (Screen) [R,P] <input type="checkbox"/> Anti-HBS (Screen) [R,P] <input type="checkbox"/> Anti-HBc (Screen) [R,P] <input type="checkbox"/> Anti-HCV (Screen) [R,P] <b>Urine/Pelvic Specimen</b> <input type="checkbox"/> Pregnancy Test [Urine] <input type="checkbox"/> Dipstick [Urine] <sup>b</sup> <input type="checkbox"/> Microscopy [Urine] <sup>a</sup> <input type="checkbox"/> Glucose [Urine] <sup>a</sup> <input type="checkbox"/> GeneXpert CT/NG [Urine/Swab] <input type="checkbox"/> Rapid T. Vaginalis (Osom) [V. Swab] <input type="checkbox"/> T. Vaginalis microscopy <sup>a</sup> [Urine/Swab]	<b>Chemistry - Enzymes</b> <input type="checkbox"/> ALP [R] <input type="checkbox"/> ALT / SGPT [R, P] <input type="checkbox"/> Amylase [R] <input type="checkbox"/> AST / SGOT [R, P] <input type="checkbox"/> CK [R] <input type="checkbox"/> GGT [R] <input type="checkbox"/> LDH [R] <input type="checkbox"/> Lipase [R] <b>Chem. Substrates</b> <input type="checkbox"/> Albumin [R, P] <input type="checkbox"/> Bilirubin, direct [R] <sup>e</sup> <input type="checkbox"/> Bilirubin, total [R] <sup>e</sup> <input type="checkbox"/> BUN [R, P] <input type="checkbox"/> Calcium [R] <input type="checkbox"/> CO2 [R] <input type="checkbox"/> Creatinine [R, P] <sup>1</sup> <input type="checkbox"/> Glucose [G] or [R, P] <sup>a</sup> <input type="checkbox"/> HbA1C [P] <sup>d</sup> <input type="checkbox"/> Magnesium [R] <input type="checkbox"/> Phosphate [R, P] <input type="checkbox"/> T. Protein [R] <input type="checkbox"/> Uric Acid [R] <sup>d</sup>	<b>Chem. - Lipid Profile Tests</b> <input type="checkbox"/> Cholesterol <sup>2</sup> [R] <input type="checkbox"/> Triglyceride <sup>3</sup> [R] <input type="checkbox"/> HDL-Cholesterol <sup>4</sup> [R] <input type="checkbox"/> LDL (Calculated <sup>2,3 &amp;4</sup> ) <b>Electrolyte Tests</b> <input type="checkbox"/> Sodium [R] <input type="checkbox"/> Potassium [R] <input type="checkbox"/> Chloride [R] <input type="checkbox"/> Other Test _____ <input type="checkbox"/> <b>Only Processing-no test/storage</b> <b>Storage Requests</b> <input type="checkbox"/> 1. Buffy Coat [P] <input type="checkbox"/> 2. Serum [R] <input type="checkbox"/> 3. Plasma [P] <input type="checkbox"/> 4. Cell pellet [P] <input type="checkbox"/> 5. Breast Milk <input type="checkbox"/> 6. Filter paper (DBS) [P] <input type="checkbox"/> 7. Other Storage _____
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<sup>a</sup> Deliver ASAP within 30 min. after collection

<sup>b</sup> Deliver ASAP within 1 hour or refrigerate.

<sup>c</sup> Cockcroft-Gault Formula in use.

<sup>d</sup> Call Lab before ordering. <sup>e</sup> Protect from light.

No. of Aliquots:	1	2	3	4	5	6	7	8	Storage Comments
Specimen Type:	_____	_____	_____	_____	_____	_____	_____	_____	
Volume (mls):	_____	_____	_____	_____	_____	_____	_____	_____	
Processed by:	__ __	Date:*	__ __  -  __ __  -  __ __	Time:	__ __  :  __ __	(24hr clock)			
Frozen by:	__ __	Date:*	__ __  -  __ __  -  __ __	Time:	__ __  :  __ __	(24hr clock)			

Rev: Mar. 2019 | Tel: (Gen. Inquiries) 0312-307263, (Specimen Reception) 0312-307251, (Main Lab) 0312-307217, Email: [corelab@idi.co.ug](mailto:corelab@idi.co.ug)