Thammasat University Hospital
Department of Medical Technology Laboratory

Request Form : Microscopy &
: Parasitology Unit

HN: _____ AN: _____ WARD: _____

NAME: _____ AGE: _____ SEX: ☐ Male ☐ Female

DATE: _____ DIAGNOSIS: _____

CODE	Test name	☑	CODE	Test name	☑
40001	URINALYSIS (UA)		40018	APT TEST	
40002	Urine sp. Gravity		40019	Clostridium difficile Toxin A/B	
40003	Urine pH (Strip)		40013	Stool Occult Blood	
40004	Urine protein (Strip)		40014	Stool pH	
40005	Urine sugar (Strip)		40016	Stool Fat	
40006	Urine Ketone (Strip)		40010	Urine Pregnancy test	
40007	Urine Urobilinogen (Strip)		40011	Urine methamphetamine (Qualitative)	
40008	Urine Blood (Strip)		40090	Marijuana for Cannabinoids (Screening)	
40009	Urine Nitrite (Strip)		40031	Urine Osmolality	
	Microscopic		40032	Serum Osmolality	
	RBC Cell/HPF		40092	Urine 24 hr. Osmolality	
	WBC Cell/HPF		40033	Wet Smear	
	Epithelial Cell/HPF		40091	KOH (ผู้ป่วยนอก)	
	Cast Cell/HPF		40096	Cryptosporidium spp. (Stain)	
	Cystal Cell/LPF		40097	H. pylori Ag	
	Mucous		40100	Parasite Examination	
	Amorphous		40017	Stool Conc. for parasite	
	Bacteria		40025	Indian ink preparation	
	Other		40026	Uric acid crystal	
			40030	Crystal Analysis in Joint Fluid	
40012	Feces (Stool) Examination		40020	Cell count/ Cell Differential	
	Microscopic			☐ CSF ☐ Fluid form	
	Color			Appearance	
	Appearance			Color	
	RBC Cell/HPF			Total Cell $Cu.mm^3$	
	WBC Cell/HPF			RBC $Cu.mm^3$	
	Ova & Parasite			WBC $Cu.mm^3$	
				Differential: PMN____% Mono____% Eo_____%	

Remark/ Comment .....
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Request By: ..... Date.....**The Request form for the Emergency channel after HIS Error**