Thammasat University Hospital
Department of Medical Technology Laboratory

Request Form : Chemistry Unit

HN: _____ AN: _____ WARD: _____

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

DATE: _____ DIAGNOSIS: _____

CODE	Test name	☑	Result			Ref. Range
10049	Blood GAS		**Specimen**	☐ Arterial ☐ Vein ☐ Capillary		
30146	Calcium Ionized		pH			7.35 – 7.45
			pCO2		mmHg	35 - 48
			pO2		mmHg	83 – 108
			HCO3-		mmol/L	18 – 23
			BE (B)		mmol/L	-2 – 3
			ABEe		mmol/L	-2 - 3
			tCO2		mmol/L	22 - 29
			O2 Sat		%	95 - 98
			Temperature		°C	
			Remark			

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