Patient Name :……

HN :…….. **Age :**…… **Sex :**……..

DOB :……

Collected Date/Time :……

Male Package

HEMATOLOGY & COAGULATION	IMMUNOLOGY	TUMOR MARKERS	HEAVY METALS
[ ] CBC	[ ] C-Reactive Protein (CRP)	[ ] AFP	[ ] Lead in blood
[ ] ESR	[ ] Homocysteine	[ ] CEA	[ ] Mercury in blood
[ ] G-6 PD	[ ] Rheumatoid Factor (RF)	[ ] CA 125	
[ ] ABO grouping		[ ] free PSA,PSA ratio	
		[ ] Serum Ferritin	
		[ ] CA-19	

CHEMISTRY	HORMONES	INFECTIOUS MARKERS	MICROSCOPIC
O Diabetes Profile	[ ] Free T3	**O HBV Profile**	[ ] Urinalysis
[ ] Blood Glucose	[ ] TSH	[ ] HBs Ag	[ ] Stool Exam & Occult blood
[ ] HbA1C	[ ] T4	[ ] Anti-HBs	
O Lipid Profile	[ ] Estrone (E1)	[ ] Anti-HBc	
[ ] Triglyceride	[ ] Progesterone		
[ ] HDL-C	[ ] Testosterone	[ ] Anti-HIV	
[ ] LDL-C	[ ] DHEAS		
[ ] Total Cholesterol	[ ] Cortisol		
O Renal Function Test			
[ ] BUN			
[ ] Creatinine			
[ ] Uric Acid	**ANTI-OXIDANTS**	**OTHER**	
O Liver Function Test	[ ] Vitamin B12	[ ]……	
[ ] Total Protein	[ ] Vitamin D2/D3	[ ]……	
[ ] Albumin			
[ ] Globulin			
[ ] Total Bilirubin			
[ ] Direct Bilirubin			
[ ] AST (SGOT)			
[ ] ALT (SGOT)			
[ ] Calcium			
[ ] Inorganic Phosphorus			
[ ] Serum Amylase			

***Please provide all diagnostics other than blood test (X-Ray, EKG, CT Scan, MRI, Sonogram & etc) if available & done within the last year**

***Please state and provide any previous medical history or medical records.**