

PASTEUR NETWORK

<b>PATIENT</b>	Family name or ID: _____	<b>REQUESTER</b>	
	First Name: _____	Name: _____	
DOB: _____	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Signature & Date: _____	
Address: # _____ Street _____	Khan/District _____	Phone: _____	
Sangkat/Commune _____	City/Province <input type="checkbox"/> Phnom Penh <input type="checkbox"/> Province: _____	Email: _____	
Phone: _____	Email: _____		
<b>Clinical information:</b>	Clinical indication: <input type="checkbox"/> Routine Check-up <input type="checkbox"/> Other (Specify): _____		
	Symptoms: _____		
	Hospitalized patient: <input type="checkbox"/> Yes <input type="checkbox"/> No      Pregnancy: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, last menstrual period date: _____)		
	Other information: _____		
<b>Sample:</b>	<input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Sperm <input type="checkbox"/> CSF	Collection Date: _____	Fasting: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Other sample: _____	Collection time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	(LDT: _____ : _____) <i>Latest Dinner Time</i>

**GENERAL TESTING**

<b>HEMATOLOGY</b>	<input type="checkbox"/> G050 ▶ Glucose challenge Test, Pregnancy (50g)	<input type="checkbox"/> OEST ▶ Estradiol	<input type="checkbox"/> IGRA ▶ Latent TB Infection <i>QuantiFERON-TB Gold Plus</i>	
<input type="checkbox"/> GR ▶ Blood group ABO-Rh (On-site)	<input type="checkbox"/> G075 ▶ Glucose Tolerance Test, Pregnancy (75g)	<input type="checkbox"/> T3L ▶ FT3	<input type="checkbox"/> MSG ▶ Measles (IgG)	
<input type="checkbox"/> TS ▶ Bleeding time (On-site)	<input type="checkbox"/> G100 ▶ Glucose Tolerance Test, Pregnancy (100g)	<input type="checkbox"/> T4L ▶ FT4	<input type="checkbox"/> MPG ▶ Mumps (IgG)	
<input type="checkbox"/> CYTO ▶ Blood smear <sup>(1)</sup>	<input type="checkbox"/> HBA1 ▶ Glycated Hemoglobin (HbA1c)	<input type="checkbox"/> FSH ▶ FSH	<input type="checkbox"/> FR ▶ Rheumatoid factor	
<input type="checkbox"/> BCRA ▶ BCR-ABL Quantification (PCR)	<input type="checkbox"/> FE ▶ Iron	<input type="checkbox"/> LH ▶ LH	<input type="checkbox"/> RBM ▶ Rubeola (IgM + IgG)	
<input type="checkbox"/> T4T8 ▶ CD4/CD8 lymphocyte count <sup>(1)</sup>	<input type="checkbox"/> LDH ▶ Lactate dehydrogenase (LDH)	<input type="checkbox"/> PROG ▶ Progesterone	<input type="checkbox"/> TYPHI ▶ Salmonella Typhi - IgM	
<input type="checkbox"/> NFP ▶ Complete Blood Count (CBC)	<input type="checkbox"/> LACT ▶ Lactic acid	<input type="checkbox"/> PROL ▶ Prolactin	<input type="checkbox"/> SYPH ▶ Syphilis antibodies screening <i>+ RPR (if screening positive)</i>	
<input type="checkbox"/> DDM ▶ D-dimer (URGENT)	<input type="checkbox"/> LIPA ▶ Lipase	<input type="checkbox"/> TSH ▶ TSH	<input type="checkbox"/> TOXO ▶ Toxoplasmosis (IgM+IgG)	
<input type="checkbox"/> VS ▶ Eryth. Sedimentation Rate (ESR)	<input type="checkbox"/> MG ▶ Magnesium	<b>TUMOR MARKERS</b>		
<input type="checkbox"/> G6P ▶ G6PD <sup>(1)</sup>	<input type="checkbox"/> NTBNP ▶ NT-pro BNP	<input type="checkbox"/> AFP ▶ AFP	<input type="checkbox"/> VZVG ▶ Varicella Zoster Virus (IgG)	
<input type="checkbox"/> EHB ▶ Hemoglobin electrophoresis	<input type="checkbox"/> PHO ▶ Phosphorus	<input type="checkbox"/> ACE ▶ CEA	<b>SPERMIOLOGY</b>	
<input type="checkbox"/> TCK ▶ Partial thromboplastin time	<input type="checkbox"/> PCT ▶ Procalcitonin	<input type="checkbox"/> C153 ▶ CA 15-3	<input type="checkbox"/> SPER ▶ Semen analysis	<input type="checkbox"/> SPEU ▶ Semen (Urine examination)
<input type="checkbox"/> TP ▶ Prothrombin time <i>Specify drug name &amp; dosage:</i> .....	<input type="checkbox"/> PROT ▶ Protein, Total	<input type="checkbox"/> C199 ▶ CA 19-9	<b>TEST PANELS/PROFILES</b>	
<input type="checkbox"/> RETI ▶ Reticulocytes <sup>(1)</sup>	<input type="checkbox"/> EPT ▶ Protein electrophoresis	<input type="checkbox"/> C724 ▶ CA 72-4	<input type="checkbox"/> EHS ▶ Essential Health Screening <i>NFP, G, PLIP, GOT, GPT, GGT, CREA, UREA, AU, ION, TSH, CHUR</i>	
<b>Blood parasites</b>		<input type="checkbox"/> TRAS ▶ Transaminases (ASAT/SGPT+ALAT/SGOT)	<input type="checkbox"/> DHBV ▶ Hepatitis B screening <i>HBs Ag + anti-HBs + anti-HBc</i>	
<input type="checkbox"/> FILA ▶ Filariasis (Blood smear) <sup>(1)</sup>	<input type="checkbox"/> GOT ▶ Transaminases ASAT/SGOT	<input type="checkbox"/> TIBBC ▶ Transferrin ( + calculated TIBC)	<input type="checkbox"/> GHBV ▶ Hepatitis B Follow-up 1 <i>HBs Ag + anti-HBs</i>	
<input type="checkbox"/> PALU ▶ Malaria Parasites <sup>(1)</sup>	<input type="checkbox"/> GPT ▶ Transaminases ALAT/SGPT	<input type="checkbox"/> T ▶ Triglycerides	<input type="checkbox"/> SHBV ▶ Hepatitis B Follow-up 2 <i>HBe Ag + anti-HBe</i>	
<b>BIOCHEMISTRY (Blood)</b>		<input type="checkbox"/> TROP ▶ Troponin I (URGENT)	<input type="checkbox"/> PLIP ▶ Lipid profile (Fasting > 12h): <i>C, HDL, LDL-calculated, T</i>	
<input type="checkbox"/> ALB ▶ Albumin	<input type="checkbox"/> TIBC ▶ Transferrin ( + calculated TIBC)	<input type="checkbox"/> UR ▶ UREA + BUN	<input type="checkbox"/> HEP ▶ Liver profile <i>GOT, GPT, GGT, PAL, BITC, ALB</i>	
<input type="checkbox"/> PAL ▶ Alkaline phosphatase (ALP)	<input type="checkbox"/> TRAN <sup>(%)</sup> ▶ Transferrin saturation (Iron+ Transferrin)	<input type="checkbox"/> AU ▶ Uric acid	<input type="checkbox"/> PREG ▶ Pregnancy serology <i>TOXO, RBM, HIV, SYPH</i>	
<input type="checkbox"/> AMY ▶ Amylase	<input type="checkbox"/> T ▶ Triglycerides	<input type="checkbox"/> VB9 ▶ Vitamin B9 (Folic acid)	<input type="checkbox"/> MST ▶ STDs serology: HIV, Syphilis, HCV	
<input type="checkbox"/> BILI ▶ Bilirubin, Total	<input type="checkbox"/> TROP ▶ Troponin I (URGENT)	<input type="checkbox"/> B12 ▶ Vitamin B12	<input type="checkbox"/> STD ▶ STDs Testing <i>HIV, SYPH, HPC, HBS, CTNG</i>	
<input type="checkbox"/> BITC ▶ Bilirubin, Total and conjugated	<input type="checkbox"/> UR ▶ UREA + BUN	<input type="checkbox"/> VITD ▶ Vitamin D (25-hydroxy)	<input type="checkbox"/> TSH4 ▶ Thyroid screening: FT4+TSH	
<input type="checkbox"/> CRP ▶ C Reactive Protein (CRP)	<b>BIOCHEMISTRY (Body fluids)</b>		<input type="checkbox"/> THYR ▶ Thyroid Profile: FT3+FT4+TSH	
<input type="checkbox"/> CA ▶ Calcium	<input type="checkbox"/> AMYU ▶ Amylase (24h or spot urine)	<input type="checkbox"/> HPY ▶ Helicobacter Pylori (IgG)	<b>OTHER TEST:</b>	
<input type="checkbox"/> CAPH ▶ Calcium and Phosphorus	<input type="checkbox"/> CREU ▶ Creatinine (24h urine)	<input type="checkbox"/> HAM ▶ HAV-IgM		
<input type="checkbox"/> C ▶ Cholesterol, Total	<input type="checkbox"/> GU24 ▶ Glycosuria (24h urine)	<input type="checkbox"/> HAV ▶ HAV-total antibodies		
<input type="checkbox"/> HDL ▶ Cholesterol, HDL fraction	<input type="checkbox"/> MALB ▶ Microalbumin (24h urine)	<input type="checkbox"/> HBS ▶ HBV-HBs antigen		
<input type="checkbox"/> CPK ▶ Creatine kinase (CK)	<input type="checkbox"/> URMIC ▶ Microalbumin/Creatinine (Spot urine)	<input type="checkbox"/> HBSQ ▶ HBV-HBs antigen (Quantitative)		
<input type="checkbox"/> CREA ▶ Creatinine + eGFR (MDRD)	<input type="checkbox"/> PU24 ▶ Protein (24h urine)	<input type="checkbox"/> AHBQ ▶ HBV-Anti HBs (Quantitative)		
<input type="checkbox"/> ION ▶ Electrolytes (Na, K, Cl)	<input type="checkbox"/> URPC ▶ Protein/creatinine (Spot urine)	<input type="checkbox"/> HBC ▶ HBV-Anti HBC		
<input type="checkbox"/> FERR ▶ Ferritin	<input type="checkbox"/> CHPO ▶ Protein & glucose (Body fluid)	<input type="checkbox"/> AHBC ▶ HBV-Anti Hbc IgM		
<input type="checkbox"/> GGT ▶ Gamma GT (GGT)	<input type="checkbox"/> CHLC ▶ Protein & glucose (CSF)	<input type="checkbox"/> HBE ▶ HBV-HBe antigen		
<input type="checkbox"/> G ▶ Glucose, Fasting	<input type="checkbox"/> CHUR ▶ Urinalysis (Dipstick)	<input type="checkbox"/> ACBE ▶ HBV-Anti HBe		
<input type="checkbox"/> GPP ▶ Glucose, Postprandial <i>(2h after meal)</i>	<b>HORMONES</b>			
<input type="checkbox"/> HGPO ▶ Glucose Tolerance Test (75g)	<input type="checkbox"/> HCG ▶ Beta-HCG	<input type="checkbox"/> HPC ▶ HCV antibodies (anti-HCV)		
	<input type="checkbox"/> CORT ▶ Cortisol	<input type="checkbox"/> VIH ▶ HIV-Screening serology		
		<input type="checkbox"/> HIWB ▶ HIV-ImmunoBlot-Confirmation		
		<input type="checkbox"/> IGET ▶ Immunoglobulin E, Total		

<sup>(1)</sup> Complete Blood Count (CBC) will be automatically added and billed.

▶ Analysis performed within the MBL ISO 15189 accreditation scope

Tube: EDTA   Citrated   Heparin   Fluoride   Serum   Urine

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