



SAMPLE REFERRAL FORM

(All tests are done free of cost)

Patient Name:		Date of Reporting at NCDC:
Age/ Gender:		Provisional Diagnosis:
Reg. No. (UID):	Lab ID:	Type of Sample:
Referred from:		Date of Sample Collection:
Clinical History:		Date of Sample Receipt:
		Doctor's Signature:

INSTRUCTIONS: -

1. Sample Referral Form should be signed by the authorized person.
2. Please send minimum 3 - 5 ml of blood sample in appropriate vacutainer or 30 ml of urine sample.
3. Transport the sample appropriately following all safety precautions.
4. Sample receipt/ sample collection will be done between 9:30 am to 11:30 am (Monday to Friday) at Wellness Centre, Heritage Building, NCDC

TESTS REQUIRED: -

Blood Sugar	Blood Glucose (F)	<input type="checkbox"/>	Liver Function Test	Serum Bilirubin (Total)	<input type="checkbox"/>	Micronutrients	Serum Inorganic Phosphorus	<input type="checkbox"/>
	Blood Glucose (PP)	<input type="checkbox"/>		Serum Bilirubin (Direct)	<input type="checkbox"/>		Serum Calcium	<input type="checkbox"/>
	HbA1C	<input type="checkbox"/>		Serum Bilirubin (Indirect)	<input type="checkbox"/>		Serum Magnesium	<input type="checkbox"/>
Lipid Profile	Serum Total Cholesterol	<input type="checkbox"/>	Total Protein	Serum SGOT (AST)	<input type="checkbox"/>	Thyroid Function Test	Serum Iron	<input type="checkbox"/>
	Serum Triglycerides	<input type="checkbox"/>		Serum SGPT (ALT)	<input type="checkbox"/>		Free T3	<input type="checkbox"/>
	Serum HDL Cholesterol	<input type="checkbox"/>		Serum Gamma Glutamyl Transferase	<input type="checkbox"/>		Free T4	<input type="checkbox"/>
	Serum LDL Cholesterol	<input type="checkbox"/>		S. Alkaline phosphatase	<input type="checkbox"/>		TSH	<input type="checkbox"/>
	S. VLDL Cholesterol	<input type="checkbox"/>		Serum Protein (Total)	<input type="checkbox"/>		Anti-Thyroid Peroxidase	<input type="checkbox"/>
Kidney Function Test	Serum Urea	<input type="checkbox"/>	Electrolytes	Serum Albumin	<input type="checkbox"/>	Pancreatic Function Test	Anti-Thyroglobulin	<input type="checkbox"/>
	Serum Uric Acid	<input type="checkbox"/>		Serum Globulin	<input type="checkbox"/>		Serum Amylase	<input type="checkbox"/>
	Serum Creatinine	<input type="checkbox"/>		Serum Sodium	<input type="checkbox"/>		Serum Lipase	<input type="checkbox"/>
Urinary Iodine	<input type="checkbox"/>		Serum Potassium	<input type="checkbox"/>				
Vitamin D	<input type="checkbox"/>		Serum Chloride	<input type="checkbox"/>				

Name of Laboratory: Clinical Biochemistry Laboratory, NCDC			
Document No: CBL-NCDC/L3/ 01/Referral Form		Controlled Copy	
Version No.: 01	Issue No.: 1	Issue Date: 17/11/23	Amendment No: / Amendment Date:
Prepared by: Dr Garima Srivastava	Reviewed by: Dr Priyanka Kundra	Issued by: Dr Meera Dhuria	