

**LAB REQUEST FORM – SAVE THE CHILDREN – KERRY TOWN EBOLA TREATMENT CENTRE**

**DATE:** \_\_\_\_ / \_\_\_\_ / 2014  
 DD / MM / YYYY

**PATIENT ID #:** KT- [ ] - [ ] [ ] [ ] [ ] [ ]  
 KT-2 = Triage; KT-3 = Confirmed; KT-4 = morgue

**BASIC PATIENT INFORMATION**

Ward #: \_\_\_\_\_ Bed #: \_\_\_\_\_

Name: Surname \_\_\_\_\_ Given names \_\_\_\_\_

Sex:  Male  Female

Age: \_\_\_\_\_  YEARS or  MONTHS (for children under 1 year)

**PRESCRIBER INFORMATION**

Requested by (print your name): \_\_\_\_\_

Title: \_\_\_\_\_

**LAB TESTS (PHE)**

New admission (Malaria RDT + Ebola PCR)

Repeat Ebola PCR

**LAB TESTS (MoD)**

<p><input type="checkbox"/> Full Blood Count (purple)</p> <p><input type="checkbox"/> Coagulation screen (blue)</p> <p><input type="checkbox"/> Amylyte 13 (green)</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> Metlac 12 (green)</p> <p><b>Special request</b></p> <p><input type="checkbox"/> D-Dimer</p> <p><input type="checkbox"/> HIV</p> <p><input type="checkbox"/> Blood culture</p> <p><input type="checkbox"/> Dengue</p>	<p><b>Amylyte 13</b></p> <p>Sodium</p> <p>Potassium</p> <p>Urea</p> <p>Creatinine</p> <p>Glucose</p> <p>Calcium</p> <p>Albumin</p> <p>Total Bilirubin</p> <p>ALT</p> <p>AST</p> <p>CK</p> <p>Amylase</p> <p>CRP</p>	<p><b>Metlac 12</b></p> <p>Sodium</p> <p>Potassium</p> <p>Urea</p> <p>Creatinine</p> <p>Glucose</p> <p>Calcium</p> <p>Albumin</p> <p>Chloride</p> <p>Magnesium</p> <p>Phosphate</p> <p>Bicarbonate</p> <p>Lactate</p>
--	--	--

**LAB REQUEST FORM – SAVE THE CHILDREN – KERRY TOWN EBOLA TREATMENT CENTRE**

**DATE:** \_\_\_\_ / \_\_\_\_ / **2014**  
DD / MM / YYYY

**PATIENT ID #:** KT-  -       
KT-2 = Triage; KT-3 = Confirmed; KT-4 = morgue

2014-11-15

Created by Shefali Oza ([shefalita@gmail.com](mailto:shefalita@gmail.com))

The latest version of this form can be found at

<https://wiki.openmrs.org/display/projects/Paper+forms+for+SCI+ETC>