



# BIOMED PHNOM PENH Medical Analysis Laboratory



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Patient's Name:..... Requested by:.....  
Date of Birth:..... Sex:..... Date:.....

<p><b><u>HEMATOLOGY</u></b></p> <p><input type="checkbox"/> Hg / CBC <input type="checkbox"/> Vs / ESR <input type="checkbox"/> ABO Group + Rh <input type="checkbox"/> Reticulocyte <input type="checkbox"/> CD4, CD8</p> <p><b><u>HEMOSTASIS</u></b></p> <p><input type="checkbox"/> APTT / TCA <input type="checkbox"/> Fibrinogen <input type="checkbox"/> PT, INR</p> <p><b><u>BIOCHEMISTRY</u></b></p> <p><input type="checkbox"/> Acide Urique / Uric Acid <input type="checkbox"/> Albumin <input type="checkbox"/> Bicarbonates <input type="checkbox"/> Bilirubin <input type="checkbox"/> Calcium <input type="checkbox"/> Creatinine <input type="checkbox"/> Fer Sérique / Iron <input type="checkbox"/> Glycémie / FBS <input type="checkbox"/> Globulin, Total <input type="checkbox"/> HbA1c <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Protein, Total <input type="checkbox"/> TIBC <input type="checkbox"/> Urée Sanguine / Bun</p> <p><b><u>ENZYMOMOLOGY</u></b></p> <p><input type="checkbox"/> Amylase <input type="checkbox"/> Lipase <input type="checkbox"/> CPK <input type="checkbox"/> GGT <input type="checkbox"/> LDH <input type="checkbox"/> PAL / ALP <input type="checkbox"/> Transaminases</p> <p><b><u>ELECTROPHORESIS</u></b></p> <p><input type="checkbox"/> Electrophoresis Hemoglobin <input type="checkbox"/> Electrophoresis Protein</p> <p><b><u>ELECTROLYSES</u></b></p> <p><input type="checkbox"/> Ionogramme</p>	<p><b><u>LIPID PROFILES</u></b></p> <p><input type="checkbox"/> Total Cholesterol <input type="checkbox"/> HDL-Cholesterol <input type="checkbox"/> LDL-Cholesterol <input type="checkbox"/> Triglycerides</p> <p><b><u>SEROLOGY HIV</u></b></p> <p><input type="checkbox"/> HIV ½ <input type="checkbox"/> HIV (Western Blot) <input type="checkbox"/> PCR HIV (Quantitative)</p> <p><b><u>HEPATITIS A</u></b></p> <p><input type="checkbox"/> Anti-HAV Total <input type="checkbox"/> Anti-HAV IgM</p> <p><b><u>NEW TEST</u></b></p> <p><input type="checkbox"/> Fibro Test / Acti Test</p> <p><b><u>HEPATITIS B</u></b></p> <p><input type="checkbox"/> Ag HBs (AXSYM) <input type="checkbox"/> Ag HBs (Quantitative UI Roche) <input type="checkbox"/> Anti-HBs (Quantitative) <input type="checkbox"/> Anti-HBc Total <input type="checkbox"/> Anti-HBc IgM <input type="checkbox"/> Ag HBe <input type="checkbox"/> Anti-HBe</p> <p><b><u>PCR HEPATITIS B</u></b></p> <p><input type="checkbox"/> HBV DNA Quantitative (Roche) <input type="checkbox"/> HBV DNA Quantitative (Biorad) <input type="checkbox"/> HBV Genotype <input type="checkbox"/> Core promoter mutation</p> <p><b><u>HEPATITIS C</u></b></p> <p><input type="checkbox"/> Anti-HCV</p> <p><b><u>PCR HEPATITIS C</u></b></p> <p><input type="checkbox"/> HCV RNA Quantitative (Roche) <input type="checkbox"/> HCV RNA Quantitative (Biorad) <input type="checkbox"/> HCV Genotype</p> <p><b><u>HEPATITIS D</u></b></p> <p><input type="checkbox"/> HDV Ag <input type="checkbox"/> Anti-HDV Ig M <input type="checkbox"/> Anti-HDV Ig G</p>	<p><b><u>THYROID FUNCTION</u></b></p> <p><input type="checkbox"/> FT3 <input type="checkbox"/> FT4 <input type="checkbox"/> TSH Ultra Sensitive</p> <p><b><u>HORMONOLOGY</u></b></p> <p><input type="checkbox"/> Aldosterone <input type="checkbox"/> Cortisol on 8h AM <input type="checkbox"/> hGH <input type="checkbox"/> Insulin</p> <p><b><u>FERTILITY TESTS</u></b></p> <p><input type="checkbox"/> βHCG <input type="checkbox"/> Estradiol (E2) <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Progesterone <input type="checkbox"/> Prolactine <input type="checkbox"/> Spermogramme <input type="checkbox"/> Testosterone</p> <p><b><u>TUMOR MARKERS</u></b></p> <p><input type="checkbox"/> AFP <input type="checkbox"/> AFP-L3 <input type="checkbox"/> β2 Microglobulin <input type="checkbox"/> Calcitonin <input type="checkbox"/> CEA <input type="checkbox"/> CA 12-5 <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CA 72-4 <input type="checkbox"/> CYFRA 21-1 <input type="checkbox"/> Ferritin <input type="checkbox"/> PSA Total <input type="checkbox"/> SCC <input type="checkbox"/> Thyroglobulin</p> <p><b><u>ALLERGY</u></b></p> <p><input type="checkbox"/> IgE</p> <p><b><u>MALARIA</u></b></p> <p><input type="checkbox"/> Serology Malaria</p>	<p><b><u>IMMUNOLOGY</u></b></p> <p><input type="checkbox"/> Amoebiasis <input type="checkbox"/> ASLO <input type="checkbox"/> C-RP <input type="checkbox"/> Rhumatoïd Factor <input type="checkbox"/> H.Pylori IgM <input type="checkbox"/> H.Pylori IgG <input type="checkbox"/> RPR or VDRL <input type="checkbox"/> TPHA <input type="checkbox"/> Toxocara <input type="checkbox"/> Toxoplasma IgM <input type="checkbox"/> Toxoplasma IgG <input type="checkbox"/> Widal Test</p> <p><b><u>VIRUS</u></b></p> <p><input type="checkbox"/> CMV IgM+IgG <input type="checkbox"/> EBV IgM+IgG <input type="checkbox"/> JE IgM+IgG <input type="checkbox"/> Measles IgM+IgG <input type="checkbox"/> Rubella IgM+IgG</p> <p><b><u>TUBERCULOSIS</u></b></p> <p><input type="checkbox"/> Sputum (Smear) <input type="checkbox"/> TB IgM+IgG (ELISA) <input type="checkbox"/> PCR M.TB (Qualitative)</p> <p><b><u>URINE</u></b></p> <p><input type="checkbox"/> Alb+Sugar+Cytology <input type="checkbox"/> Complete Tests <input type="checkbox"/> C.trachomatis+N.gonorrhoeae</p> <p><b><u>STOOL</u></b></p> <p><input type="checkbox"/> Stool Test <input type="checkbox"/> H.Pylori Ag (Stool) <input type="checkbox"/> Stool Occult Blood</p> <p><b><u>MICROBIOLOGY</u></b></p> <p><input type="checkbox"/> Gram Stain <input type="checkbox"/> CSF <input type="checkbox"/> Haemoculture <input type="checkbox"/> Pus culture <input type="checkbox"/> Stool culture <input type="checkbox"/> Uroculture</p>
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**Other Tests:**

BIOMED ដេតិក  
359Eo  
សង្កាត់ផ្សារដេតិក 50m ស្រុកដេតិក ផ្លូវកម្ពុជាក្រោម ផ្សារធំថ្មី  
IBC SOKIMEX  
បណ្តាភារអន្តរជាតិ ស្ថានីយ៍ប្រេងស៊ុតម៉ូតូ  
ផ្សារដេប៉ូ  
ផ្សារធំថ្មី