Kindly take appointment prior to blood sample / कृपया जाँच से पहले तारीख (appointment) लें।

Requisition Form

Lab No.

RADIOIMMUNOASSAY LABORATORY

Department of Endocrinology & Metabolism
All India Institute of Medical Sciences

Date 29-3-23

नाम
NAME : Raj Shaha

आयु
Age

म./पु
M / F

Reg. No. 106603640 EHS No.

Ward

Bed No.

निदान
DIAGNOSIS Partial hypogonado tropphic hypogonadism

Signature of Faculty/Resident

- ☐ Total T4
- ☐ Total T3
- ☐ Free T4
- ☐ Free T3
- ☐ TSH
- ☐ Anti TPO ab.
- ☐ LH
- ☐ FSH
- ☐ PRL
- ☐ GH
- ☐ iGF-1
- ☐ Anti GAD ab.
- ☐ Intact PTH
- ☐ 25 OH Vit.D
- ☐ Insulin
- ☐ C-peptide
- ☐ Estradiol 17β
- ☑ Testosterone
- ☐ 17-OHP
- ☐ DHEAS
- ☐ ACTH
- ☐ ALDO
- ☐ DRC
- ☐ Cortisol / Salivary cortisol

	Cortisol - Morning (8-9 am)
	Cortisol - Evening
	Post High dose Dexa.
	Post Low dose Dexa.
	Post ACTh Stim

*NOTE - FORMS WITHOUT A DIAGNOSIS OR DOCTOR'S NAME WILL BE RETURNED WITH THE SAMPLE