

Dr. Rob Fris  
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**LABORATORY FORM**

Your Name:-.....Date of Birth:-.....

Sex:-.....

Your GP:-.....

FBC

Fe IBC %sat  
Ferritin

B12/Folate

LFT

Creatinine

Electrolytes

Free T4  
TSH

Lipids

Glucose  
HbA1c

Proteins

Calcium ..... Magnesium ..... Selenium..... Zinc .....

Copper ..... Fibrinogen ..... Homocysteine

Insulin

HsCRP

Urinalysis