

Dr. Rob Fris
Northridge Specialists

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