
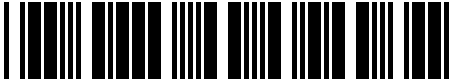


<div>Department of Clinical &amp; Laboratory Sciences Cavan General Hospital, Lisdaran, Cavan H12 Y7W1 +353 (49) 4376293</div> <div></div>	<div>RequestID  43626</div>
<div>Dear Phlebotomist, Please arrange for the following tests for this patient who is attending DR Hamza Abdalla. Notes : asdfasf asdfg sg asdgh adfs Kind regards System Admin</div>	
<div>Patient Name: Abdelatti Sarah Address 1: 33 Curragh Park Address 2: Address 3:</div>	<div>MRN: 241555 DoB: 10-07-2014 Gender: F</div>
<div>Abdelatti Sarah 10-07-2014 F      MRN 241555 DR Hamza Abdalla/ Dr Hamza Abdalla's Paediatric Clinic ACR Urine CGH Bio Tick If Sample Collected <input type="checkbox"/></div>	<div>Abdelatti Sarah 10-07-2014 F      MRN 241555 DR Hamza Abdalla/ Dr Hamza Abdalla's Paediatric Clinic GBM Serum Biomnis Tick If Sample Collected <input type="checkbox"/></div>
<div>Abdelatti Sarah 10-07-2014 F      MRN 241555 DR Hamza Abdalla/ Dr Hamza Abdalla's Paediatric Clinic U&amp;E/LFT Serum CGH Bio Tick If Sample Collected <input type="checkbox"/></div>	<div>Abdelatti Sarah 10-07-2014 F      MRN 241555 DR Hamza Abdalla/ Dr Hamza Abdalla's Paediatric Clinic GLU Fluoride Oxalate CGH Bio Tick If Sample Collected <input type="checkbox"/></div>
<div>Abdelatti Sarah 10-07-2014 F      MRN 241555 DR Hamza Abdalla/ Dr Hamza Abdalla's Paediatric Clinic FBC EDTA CGH Haem Tick If Sample Collected <input type="checkbox"/></div>	
<div>Date Sample Collected: _____ Time Sample Collected: _____ Patient Fasting: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> Collected By: _____</div>	<div>NB Sample must be labelled with Full Name, DOB MRN &amp; Sample Date</div>