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| metropolis.jpg**TEST REQUISITION FORM**upbl.jpg |

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| Client code: UB  Client Name: United Biotech  Test Code: T1109  Doctor’s Name Dr.vijilrahulan  Name of Hospital/Institution: global hospital\_\_\_\_\_\_\_\_\_\_\_\_\_  Place\_\_\_\_\_\_\_chennai\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel /Mobile#: 9445060066  Specimen Type: 3.0ml **EDTA Whole Blood**  **(Cold- 2 to 8 °C) Shipment**  Client (Contact Person) : Mr. V. HARIKANTH  Ph: 9600038514 | **PATIENT’S SECTION**  Patient Name: **SRINIVAS**  Contact Number: **9908986254**  Birth Date  Age:\_**62**  Sex: M/ F \_\_**MALE**  Specimen Collection Information:  Date: **13th January 2020**  Time: **6.30 AM** | |
| **Test: TEC LEVEL / C2 LEVEL TEST ( )**  Clinical History (If any): **TEC level**  Patient’s Address: **Phase1, Orchid Block3 Flat Number:3304, Embassy Residency, Near Gleneagles Global Health City,**  **Cheran Nagar, Perumbakkam, Chennai 600100.**  **Tacrolimus**test cut off days are **Tuesday** and **Friday** Cutoff time: 13:00 hours.  **Chennai**: **Tacrolimus**test cut off days are **Monday**, **Wednesday** and **Friday** Cutoff time: 10:30 hours.  **Delhi: Tacrolimus**batch **Daily** Cutoff time: 16:00 hours.  **Bangalore: Tacrolimus**test cut off days are **Tuesday** and **Friday** Cutoff time: 15:30 hours. | | |
| **Doctors Signature :** | | **Authorized Signatory of Client:**  **Kirti Goel** |

**Metropolis Collection Centre:**

**Central Laboratory Address:**

Metropolis Health Services (I) .Ltd

250-D, UdyogBhavan, Hind Cycle Marg, Worli, Mumbai - 400030

Clinical Research Department

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