


<div>PGH Form No. P.360003</div> <div>Rev: 06 Effectivity Date: 1 April 2024</div> <div><div>UNIVERSITY OF THE PHILIPPINES MANILA</div><div>PGH</div><div>PHILIPPINE GENERAL HOSPITAL 1907</div></div>	<div>PHILIPPINE GENERAL HOSPITAL</div> <div>The National University Hospital</div> <div>University of the Philippines Manila</div> <div>DEPARTMENT OF LABORATORIES</div> <div>Taft Avenue, Manila</div> <div><div>PHIC - Accredited Health Care Provider</div><div>ISO 9001 Certified</div></div>	<div>FOR</div> <div>MICROBIOLOGY</div> <div>REQUEST</div> <div>Pls. Check if:</div> <div><div><input type="checkbox"/> HAI</div><div><input type="checkbox"/> CAI</div></div>
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LABORATORY REQUEST FORM

WARD/ROOM/BED NO/OPD CLINIC		CONTACT NUMBER
NAME (LAST FIRST MI)		
AGE: SEX:		HOSPITAL CASE NO.
BIRTH DATE		
DIAGNOSIS:		
REQUESTED BY:		
DOCTOR'S SIGNATURE OVER TRODAT*		
LABORATORY EXAMINATION DESIRED		
Use one Request Form per specimen		
SPECIMEN	SITE OF COLLECTION	COLLECTED BY
NOTE: The UP-PGH Department of Laboratories reserves the right not to accept mislabeled specimens and inadequately filled request forms.		TIME COLLECTED
		DATE COLLECTED