




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

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