



SPECIALTY LABORATORY Ltd.

Date : 20/4/23

Request Form For Laboratory Services Users

Kolkata : Block DD-30, Sector-1, "Andromeda", Ground Floor, Salt Lake, Kolkata-700064. Landline No. : 033-40818800/ 8888/ 8899

Registration Office : 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad - 380 006. Phone : 49006800

Ahmedabad • Anand • Baroda • Bhavnagar • Dahod • Jaipur • Jamnagar • Rajkot • Surat • Siliguri • Hyderabad • Mehsana • Kolkata

Lab Name / Place :

Phone No. :

Patient Name :

ANIRUDDHA CHAKRABARTI
First Name Middle Name Surname

Age : (Yrs/Months/Days)

48/M

Sex : ☒ M / ☐ F

Ref. By Dr. : S. Mukherjee

Sample Details (Must be filled in by Lab. Personnel)

(Abide by Terms & Conditions on back of the page)

Examinations Requested (Clearly written by user lab)

Collection (Date & Time) :

Examinations Requested (Clearly written by user lab)	Sample Type :	Please Tick	Quantity (ml)
CLL - Fish Ig VH Mutation <u>(14960.00)</u> Fourteen thousand nine hundred Sixty only	Serum	<input type="checkbox"/>	
	Whole Blood (EDTA/Citrate/Fluoride/Heparin)	<input type="checkbox"/>	
	Plasma (EDTA/Citrate/Fluoride/Heparin)	<input type="checkbox"/>	
	Body Fluid (Source)	<input type="checkbox"/>	
	Urine (Random / 24 hrs.)	<input type="checkbox"/>	
	Tissue (Site)	<input type="checkbox"/>	
C/S (Specimen)	<input type="checkbox"/>		
Clinical / Drug / Treatment History :	Remarks :	Temp : (°C)	
Payment Terms : Cash / Cheque	Period : Daily / Monthly	Samples to USL Representative Name :	
Samples Given By Name :	Received Date & Time :		