

REQUEST FOR LABORATORY EXAMINATION



PATIENT DETAILS																	
PATIENTID																	
NAME																	
REQUESTED DATE																	
WARD																	
BED																	
DATE OF BIRTH																	
<div style="background-color: black; color: white; padding: 2px; margin: 5px 0;">NATURE OF SPECIMEN</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="width: 10%;">1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> </tbody> </table> <div style="background-color: black; color: white; padding: 2px; margin: 5px 0;">EXAMINATION REQUIRED</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="width: 10%;">1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> </tbody> </table>		1.		2.		3.		4.		1.		2.		3.		4.	
1.																	
2.																	
3.																	
4.																	
1.																	
2.																	
3.																	
4.																	
DATE COLLECTION																	
TIME																	
FEE FOR THIS EXAMINATION																	
TECHNOLOGIST																	

CLINICAL DETAILS	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	

REQUESTING DOCTOR	
SPECIALIST	
COMMENTS	

BN: It is particularly requested that all clinical details be given. The fullest attention should be paid to the correct method of preparing preserving and dispatching specimen for examination