

LAB. REQUEST FORM

JAMUHURI YA MUUNGANO WA TANZANIA
WIZARA YA AFYA MAENDELEO YA JAMII , JINSIA WAZEE NA WATOTO



GENERAL PURPOSE DIAGNOSTIC INVESTIGATION FORM

<p>Facility Name & Type : Arusha City Council: Hospital - District Hospital</p> <p>Address of Hospital : 3013</p> <p>Council : Arusha City Council</p>	<p>Hospital Registration Number: 11238403-00-37-89/2026</p> <p>Full Name :GET WELL SOON</p> <p>Age : 26 years, 1 months, and 20 days old.</p> <p>Contacts : 0764543811</p>	
<p>Request To : LABORATORY- PARASITOLOGY</p>	<p>Clinic/Ward :OPD DEPT</p>	
<p>Request Date</p>	<p>Requested By</p>	<p>Doctor Contact</p>
<p>Feb 21, 2026, 7:58:54 AM</p>	<p>Fridolin Anthony Mpiza</p>	<p>Fridolin Anthony Mpiza</p>
<p>Specimen Type : Urine</p>	<p>Date & Time Collected : Feb 21, 2026, 9:08:45 AM</p>	<p>Collected By : Fridolin Anthony Mpiza</p>
<p>Clinical Notes relevant for the Investigation requested</p>		
<p>Diagnosis</p>	<p>Investigation requested</p>	

	Item Name : Urinalysis Notes: test	
	 Not -Urgent	
Specimen No : 262002522	Date Received : Feb 21, 2026, 7:58:54 AM	Received By :Fridolin Anthony Mpiza
Result Status : Waiting for Result Posting	Result Posted By :	Result Posted At :
	Result Approved By :	Result Approved At :

Write Result for the Investigation Done

Result Type Status * Interim Results Final Results

Enter seen Results

Normal **B** **I** **U** **A** **A** **≡** **≡** **≡**

Enter seen Viruses

Normal **B** **I** **U** **A** **A** **≡** **≡** **≡**



Upload Result files each, not more than 5 MB

Request Telemedicine ? Yes No

Post Results