


## LAB. REQUEST FORM

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



## GENERAL PURPOSE DIAGNOSTIC INVESTIGATION FORM

<b>Facility Name &amp; Type :</b> <b>Arusha City Council: Hospital - District Hospital</b>		<b>Hospital Registration Number:</b>	
<b>Address of Hospital : 3013</b>		<b>Full Name :</b>	
<b>Council : Arusha City Council</b>		<b>Age :</b>	
		<b>Contacts :</b>	
<b>Request To :</b>		<b>Clinic/Ward :</b>	
<b>Request Date</b>	<b>Requested By</b>	<b>Doctor Contact</b>	
<b>Specimen Type :</b>		<b>Date &amp; Time Collected :</b>	<b>Collected By :</b>
<b>Clinical Notes relevant for the Investigation requested</b>			
<b>Diagnosis</b>	<b>Investigation requested</b>		

	<b>Item Name :Urinalysis</b> <b>Notes:</b> <b>test</b>   <b>Not -Urgent</b>	
<b>Specimen No :</b>	<b>Date Received :</b>	<b>Received By :</b>
<b>Result Status :</b>	<b>Result Posted By :</b>	<b>Result Posted At :</b>
	<b>Result Approved By :</b>	<b>Result Approved At :</b>

**Result Type Status \*** ☐ Interim Results ☒ Final Results

Normal

Sans Serif

B

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1


2


3


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Normal

Sans Serif

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
1  
2  
3


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 Upload Result files each, not more than 5 MB

## Post Results