


LAB. REQUEST FORM

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



GENERAL PURPOSE DIAGNOSTIC INVESTIGATION FORM

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

| | | |
|------------------------|---|-----------------------------|
| | Item Name : Notes: test  Not -Urgent | |
| Specimen No : | Date Received : | Received By : |
| Result Status : | 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

Sans Serif

B

I

U





A

A

1
2
3

:
:
:

=
=
=

Enter seen Viruses

Normal

Sans Serif

B

I

U





A

A

1
2
3

:
:
:

=
=
=

Upload Result files each, not more than 5 MB

Request Telemedicine ? ☐ Yes ☒ No

Post Results