

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 : Urinalysis 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**

Enter seen Viruses

Normal Sans Serif **B** **I** **U** **A**

Upload Result files each, not more than 5 MB

Request Telemedicine ? Yes No **Post Results**