

PGH Form No. P-360003
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PHILIPPINE GENERAL HOSPITAL
The National University Hospital
University of the Philippines Manila
DEPARTMENT OF LABORATORIES
Taft Avenue, Manila

*PHIC - Accredited Health Care Provider
ISO 9001 Certified*

**FOR
MICROBIOLOGY
REQUEST**
Pls. Check if:

☐ **HAI**
☐ **CAI**

LABORATORY REQUEST FORM

WARD/ROOM/BED NO/OPD CLINIC

**CONTACT
NUMBER**

NAME (LAST FIRST MI)

AGE:

SEX:

HOSPITAL CASE NO.

BIRTH DATE

DIAGNOSIS:

REQUESTED BY:

DOCTOR'S SIGNATURE OVER TRODAT*

LABORATORY EXAMINATION DESIRED

Use one Request Form per specimen

SPECIMEN

**SITE OF
COLLECTION**

COLLECTED BY

NOTE: The UP-PGH Department of Laboratories reserves the right not to accept mislabeled specimens and inadequately filled request forms.

TIME COLLECTED

DATE COLLECTED