BUNGOMA DISTRICT HOSPITAL LABORATORY

BUNGOMA TOWN HOSPITAL ROAD

OPPOSITE POLICE LINE/DISTRICT HEADQUARTERS

P.O BOX 14

BUNGOMA TOWN

Phone: +254 055-30401 Ext 203/208

**LABORATORY REPORT**

Sample type: Section:

Collected by: Date collected: Time collected:

Test Requested: Date Registered: Time registered:

Patient name: Patient sex:

Patient number: Visit number: Patient age:

Requesting Department/Facility:

Name of Requester: Phone number:

Email Address:

**RESULTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ANALYTE NAME | VALUE/RESULT | UNITS | BIOLOGICAL REFERENCE INTERVAL |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

RESULT INTERPRETATION, WHERE APPROPRIATE

Comment(s):

Performed by: Signature……………………. Date………………….. Time……………….

Verified by: Signature…………………….. Date……………………. Time……………..