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 REQUEST FORM**

Patient name: Patient sex: Date:

Patient number: Visit number: Patient age:

Requesting Department/Facility:

Requested by: signature: Phone number:

Email address:

**Test(s) Requested**

1. 4.
2. 5.

**Clinical information/ patient History**

**If sample collected**

Name of the sample collector: Phone number:

Date of collection: Time of collection:

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