

PGH Form No. P-360803

Rev: 09 Effectivity Date: 18 Oct '16



PHILIPPINE GENERAL HOSPITAL
The National University Hospital
University of the Philippines Manila
DEPARTMENT OF LABORATORIES
Taft Avenue, Manila

PHIC - Accredited Health Care Provider
ISO 9001:2015 Certified

☐ **STAT**☐ **ROUTINE****LAB SECTION NO.**

LABORATORY REQUEST FORM

WARD/ROOM/BED NO.**SERVICE/OPD CLINIC****NAME (LAST****FIRST****MI)****AGE:****SEX:****HOSPITAL CASE NO.****BIRTHDAY****MSS
CLASSIFICATION****DATE IN:****DIAGNOSIS:****CONSULTANT:****TRAINEE:
REQUESTED BY:****TIME
REQUESTED****DATE
REQUESTED****DOCTOR'S SIGNATURE OVER TRODAT***

LABORATORY EXAMINATIONS 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****TIME RECEIVED****DATE
RECEIVED****RECEIVED
BY****LAB INFO NO.**