METROPOLIS

TEST REQUISITION FORM FOR ROUTINE TESTS -B2B

Metropolis Healthcare Limited Mumbai
Email: support@metropolisindia.com Contact No. 8022 801 801

Client/Lab Code: 10146

Laboratory Name: Chitkitsa Pathology

Patient Full Name: MR MUKESH CHAUDHARY
DOB: / / Age: 32 Sex: M
Referrence Doctor: MUKESH CHANDRA
Collection Date: Collection Time:
Patient contact Number: Pick up Time:

Sample Type	No. of Tubes	Sample Type Required	No. of Tubes
Serum		Urine	
EDTA		Stool	
Citrate			
Fluoride			
Other (Mention Type)			

TEST LIST (PLEASE TICK)

[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]