

**Investigation Requisition Form**

OPD

Patient ID : 119,241.00 31658 Date : 08/07/2024
Patient Name : Sachin Singh Age/Sex/DOB : 5 Year / Male 21-11-2019
Mobile No. : 5926270950 Ref. Doctor : Dr.Self
Address : 53 Hig backdam

Test Name

1) Complete Blood Count (CBC)

I Mr Sachin Singh consent to have Woodlands Limited Medical
Laboratory take my sample to process the test (s) requested by my Doctor
or Self.

Patient signature