



Affix Barcode

TEST REQUISITION FORM

PATIENT DEMOGRAPHICS:

Patient Name:

(In Block Letters)

Patient Address:

Contact No & Mail Id:

Date of Birth:

Male Female Others

Height ft/cm Weightkg

TEST DETAILS:

Test Code	Test Description

SPECIMEN TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Serum | <input type="checkbox"/> Tissue-Small |
| <input type="checkbox"/> Plasma EDTA/FL/CIT/ACD | <input type="checkbox"/> Tissue-Medium |
| <input type="checkbox"/> FN Aspirate | <input type="checkbox"/> Tissue-Large |
| <input type="checkbox"/> Sputum | <input type="checkbox"/> W Blood EDTA |
| <input type="checkbox"/> Fluid* | <input type="checkbox"/> W Blood ACD |
| <input type="checkbox"/> Stool | <input type="checkbox"/> W Blood Fluoride |
| <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> W Blood Heparin |
| <input type="checkbox"/> CSF | <input type="checkbox"/> W Blood Sodium Citrate |
| <input type="checkbox"/> BAL | <input type="checkbox"/> Filter Paper |
| <input type="checkbox"/> Swab | <input type="checkbox"/> Paraffin Block |
| <input type="checkbox"/> PUS* | <input type="checkbox"/> Urine-Random/24 Hr/1st Mor |
| <input type="checkbox"/> Glass Slide | <input type="checkbox"/> Other* |

* Please mention type & site of collection

CLIENT DETAILS:

CC Code:

CC Name:

REFERRING DOCTOR DETAILS:

Name:

Code:

SPECIMEN INFORMATION:

Sample Drawn date: DD/MM/YY

Drawn Time: AM/PM

Phlebotomist Emp ID:

TEMPERATURE SENT:

TEMPERATURE RECEIVED:

Ambient: 25±5°C Ambient: 25±5°C

Refrigerated: 2-8°C Refrigerated: 2-8°C

Frozen: -10 to -30°C Frozen: -10 to -30°C

ESSENTIAL PATIENT HISTORY/INFORMATION:

(Please fill in whatever is relevant)

- Provisional Diagnosis:
- H/o Medication:
If Yes, Name:
- H/o Chronic illness: Ongoing/Terminated
If Yes: DM/HT/CVD/TB/Any Other:
- LMP:
- 24 hour Urine Volume:
- For PT/APTT:
- Diabetes Status: Yes/No
- Any Other Relevant Information

.....
Dated Signature/Thumb Impression of Patient

.....
Dated Signature/Thumb Impression of Requisitioner

Note: It is mandatory to provide all the requested information to enable accurate and timely reporting.
By signing this document, I agree to receive promotional messages, e-mail etc from the company