Apollo Diagnostics

Apollo DIAGNOSTICS
Expertise. Empowering you.

UHID/BARCODE NO.

TEST REQUISITION FORM

Center Code:

PATIENT'S NAME(Block Letters)

N. kanthamma 30/F

Patient's Address .....

Ph..... Alternate No .....

Client Code

Name & Address

M. S. Hospital
Tirupathi

Date of Birth	Male	Female ✓
Age 30 Fasting		Nonfasting

Height ..... FT ..... IN, Weight ..... Kg .....

REFERING DOCTOR

Doctor's Name .....

Phone No. ..... City .....

Test Code	Test Description	Test Amount
①	Appendectomy specimen R/HPE	
②	ovarian tissue R/HPE	
	TOTAL	

SPECIMEN INFORMATE ID

Clint Name : .....

Drawn Date : .....

Time Drawn : .....

Clinical History :-

2007673 9
2007673 8

TEMPERATURE SENT	TEMPERATURE RECD.
Frozen (0-2° Celsius)	Frozen (0-2° Celsius)
Gel Pack (2-8° Celsius)	Gel Pack (2-8° Celsius)
Temp (18° - 22° Celsius)	Gel Pack (2-8° Celsius)

Other information

TEST REQUIREMENTS : Please refer to the AHLL Reference Guide for Correct test Code / or Name & Specimen Type.

SPECIMEN TYPE

- ❑ Serum
- ❑ Plasma.....
- ❑ W. Blood EDTA
- ❑ W. Blood Fluoride
- ❑ W. Blood Heparin
- ❑ W. Blood Sodium Citrate
- ❑ W. Blood ACD
- ❑ Pus
- ❑ Fluid
- ❑ Sputum
- ❑ Filter Paper
- ❑ Bone Marrow
- ❑ CSF
- ❑ Tissue-Small/Medium
- ❑ Slide (H & E)
- ❑ Urine 1st Morn.
- ❑ Random Urine
- ❑ 24hrs Urine
- ❑ BAL
- ❑ Stool
- ❑ Swab
- ❑ Others

Patient Signature (Date &Time)	Phlebotomist Signature (Date &Time)	Requested by CC/PUP/Hospital/Doctor: (Date &Time)