Test Requisition Form

the Microbe
Diagnostic Laboratories

For lab use only	Specimen Barcode
For client use only	***Lab Ref No.(Paste Barcode)

PATIENT INFORMATION: RADHA BANSAL **BILL TO:**

*****PATIENT'S NAME** (Block Letters: First Name Mandatory) (First Name) (Middle Name) (Last Name)	*****Client Code/Client Address** SAI PATHOLOGY
***Sex: ☐ Male ☑ Female ***Age: 30 Yrs.: Y Months: .... Days :...............	*****Referring Doctor:** Dr. नीतेश दुबे जी
Test Requirement: Please refer to the Directory of services for correct Test code.	Specimen information

***Test Code	***Test Description
	FNAC
हिस्ट्री	गले में (गांठ) SIZE की है।
	उसका सेंपल लिया है।

व injection से निकाल के भेजा है।

Temperature Sent	*** Temperature Recd.	Specimen Information
Frozen (<-0° Clesius) Cold (2°-8° Clesius) Ambient(18°-22° Clesius)	Frozen (<-0° Clesius) Cold (2°-8° Clesius) Ambient(18°-22° Clesius)	***Date & Time of Sample Collection: DD/MM/YY Time

*****Specimen Type (with Qty.)**

☐ Serum	☐ Bactec Bottle*
☐ W.Blood ACD	☐ Swab*
☐ W.Blood EDTA	☐ Pus
☐ W.Blood Fluoride	☐ Body Fluid*
☐ Plasma:EDTA/CIT/FL	☐ BAL
☐ W.Blood Heparin	☐ CSF
☐ W.Blood Sodium Citrate	☐ Sputum (1st/2nd/3rd)
☐ Slide	☐ Tissue
☐ Urine (Random/1st Morning)	☐ Paraffin Block*
☐ Urine (24 Hrs.)	☐ Filter Paper
☐ Stool (1st/2nd/3rd)	☐ Bone Marrow

Any Other

Signature/Thumb Impression of Patient

Date:

For Repeat/Add on Test/Follow Patient

Old Lab Ref. No.: ....

Received in Microbe Lab:

Date & Time:..

Courier Bar Code No..

No. of Samples received:..

Any Discrepancy noted (If yes - record details)..

....

Initials of Sample Receiving Staff..

Signature/Thumb Impression of Patient

Date:

IMPORTANT: It is mandatory to provide all the requested information to enable accurate and timely reporting. ***Mandatory fields

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