# Test Request Form – [*name* laboratory]

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| --- | --- | --- |
| **Patient details** |  | **Requester details:** |
| Name:  |  |  | Name: |  |
| Address: |  |  | Organization |  |
| Telephone number: |  |  | Address: |  |
| Date of Birth: |  |  | Telephone number: |  |
| Gender: |  Male |  Female |  |  |  |

**Sample details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Urgency: |  Normal |  | Sample taken from patient: |
|  URGENT | Date: | (dd/mm/yyyy) |
|  |  |  | Time: | (hh/mm) |
|  Fasting |  Non-fasting |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  Blood Faeces |  Urine Sputum |  Swab Fluids |  Tissue Cytology |
|  Other, namely: |  |  |  |
|  |  |  |  |

**Relevant clinical information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Drug therapy: |  | Last dose: |  |
|  |  | Date: | (dd/mm/yyyy) |
|  | Time: | (hh/mm) |
| Other relevant clinical information: |  |
|  |
|  |  |

**Examination requested:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Profile test** | **Biochemistry** | **Hematology** | **Microbiology** | **Anatomical Pathology** |
|  G2000 G 2000-X GT9 GTI NEO ES HB3 |  DFS LFT RFT TFT MAC LGL LIP |  CEA CA 1 CA 5 CA 9 PSA AFP Glucose |  HIV 1 & 2 HbA1c HBsAg H. pylori Uric Acid Free T4 |  FBE (incl. ESR) FBC Hb TWDC Platelets ABO & Rh (D) Malaria parasites |  Urine FEME RPR (VDRL) Microscopy/Culture/Sensitivity AFB (ZN) Smear Only AFB Smear & Culture |  Histology Non-Gynae/FNASite:

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| **Additional tests:** | **Cervical Cytology:** |
|  |  Pap smear Normal Post-Mono Blood Susp lesion |
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|  |
|  |  Other: |  |  |
|  | Site |  Cervix Vault Other, namely: |  Endocx Lat. Vag. Wall. |  Post Fornix |
|  |
|  |
|  |  LMP | (dd/mm/yyyy) |  |
|  |  Post – menopausal HRT (hormone Replacement |
|  |
|  |  Other, namely: |  |
|  |  |
| **Date:** | **(dd/mm/yyyy)** |  | **Requester’s signature:** |  |