

PLAIN REQUEST FORM (F023)



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LAB USE ONLY

LAB No. _____

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2 PATIENT IDENTIFIERS ARE REQUIRED

Last Name (Surname) 姓	First Name 名	I.D. No. 身份証號碼	D.O.B. / Age 出生日期 / 年齡	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Specimen Drawn Date & Time
Referred By				<input type="checkbox"/> Payment in Lab (Otherwise on Account)	Address

Clinical Details :	<input type="checkbox"/> Fasting	Doctor's Instruction :
	<input type="checkbox"/> Non-Fasting	
	<input type="checkbox"/> Routine Screen	
	<input type="checkbox"/> Pregnant wks	<input type="checkbox"/> Specimen : to follow

Plain EDTA Fluoride Citrate Heparin Urine Stool Swab Others : _____ Taken By : _____

Laboratory Tests Required :

Plain/SST /Serum	EDTA/ Plasma	FI/ Plasma	Citrate/ Plasma	ACD/ Plasma	Hep/ Plasma	Urine	Stool	Semen	Swab	Others	Checked By

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