



9716-825253
9841-848558

TEST REQUEST FORM

Patient Name: Date:

Age Gender: M ☐ F ☐ Referred by:

Clinical History

Sample collection Date/Time:

Requested tests

1		6	
2		7	
3		8	
4		9	
5		10	

Other tests:

Note: Patient Details must be filled compulsorily.

EDTA: CBC, HbA1c, PBS, HLA-B27
Clot activator (Yellow / red cap): RFT, LFT, TFT, Lipid profile, Ca, Uric acid, Vit-D, Vit-B12, Anti TPO, Serology, Total protein, Albumin
Sodium Fluoride Gray vial: Glucose FBS, PPBS
Sodium citrate vial: PT/INR, aPTT, other coagulation profile

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