

PGH Form No. P-2017-01

Rev. 04/2017



**PHILIPPINE GENERAL HOSPITAL**  
The National University Hospital  
University of the Philippines Manila  
DEPARTMENT OF LABORATORIES  
Taft Avenue, Manila

PHHC - Accredited Health Care Provider  
ISO 9001 Certified

FOR  
MICROBIOLOGY  
REQUEST  
Pls. Check if:

- HAI
- CAI

**Student**

## LABORATORY REQUEST FORM

WARD/ROOM/BED NO/OPD CLINIC

CONTACT  
NUMBER

NAME (LAST FIRST MI)

AGE: SEX: HOSPITAL CASE NO.

BIRTH DATE

DIAGNOSIS:

REQUESTED BY: *FW* *[Signature]*  
UP-PGH Dept. of Family and Community Medicine

DOCTOR'S SIGNATURE OVER TRODAT\*

LABORATORY EXAMINATION DESIRED

*anti-tbs, tblog*

Use one Request Form per specimen

SPECIMEN

SITE OF  
COLLECTION

COLLECTED BY

NOTE: The UP-PGH Department  
of Laboratories reserves the right not  
to accept mislabeled specimens and  
inadequately filled request forms.

TIME COLLECTED

DATE COLLECTED