

PGH Form No. P-300003
Rev. 04/17/2014



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

PHIC - Accredited Health Care Provider
ISO 9001 Certified

FOR
MICROBIOLOGY
REQUEST
Pls. Check if:

HAI
 CAI

UP 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:

DOCTOR'S SIGNATURE OVER TRODAT*

LABORATORY EXAMINATION DESIRED

varicella IgG

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