



PHILIPPINE GENERAL HOSPITAL

The National University Hospital

University of the Philippines Manila

DEPARTMENT OF LABORATORIES

DEPT. OF FAMILY MEDICINE

UP HEALTH SERVICE

STAT

ROUTINE

LAB SECTION NO.

MANILA UNIT

LABORATORY REQUEST FORM

WARD ROOM BED NO.			SERVICE/OPD CLINIC		
NAME - LAST		FIRST	MD		
AGE:	SEX:	HOSPITAL CASE NO.			
BIRTH DAY				MSS CLASSIFICATION	
DATE IN:					

DIAGNOSIS:

CONSULTANT:

Shiel Mejia-Samonte M.D.

Lic. No. 103849

TRAINEE:

UP-PGH DFCM

REQUESTED BY:

TIME REQUESTED

DATE REQUESTED

DOCTOR'S SIGNATURE OVER TRODAT*

LABORATORY EXAMINATIONS DESIRED

ANTI-HBS, HBSAg

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	
TIME RECEIVED		DATE RECEIVED		RECEIVED BY	
				LAB INFO NO.	

