Hematology Laboratory Request

Patient Information

Patient Name

Age

Sex

Patient ID

Date of Request

Ward/Clinic

Physician

Requested Tests

Test	Indication/Reason	Comments
Complete Blood Count (CBC)		
Hemoglobin		
Hematocrit		
White Blood Cell Count		
Platelet Count		
ESR		
Other (specify):		

Clinical Notes

Physician's Signature

Date