

Molecular Diagnostics Laboratory

Request Document

Patient Information

Name

Patient ID / MRN

Date of Birth

Gender

Contact Number

Address

Clinical Details

Clinical Diagnosis / Indication

Specimen Information

Specimen Type

Collection Date & Time

Specimen ID

Test(s) Requested

e.g. RT-PCR, Gene Sequencing, etc.

Clinical Information / Notes

Physician / Requester Details

Name

Department

Contact

Physician/Requester Signature & Date

Lab Receiving Personnel Signature & Date