Blood Test Lab Request

Patient Information

Full Name:

Date of Birth:

Gender:

Patient ID / MRN:

Contact Number:

Test Requested

- [ ] Complete Blood Count (CBC)
- [ ] Blood Glucose
- [ ] Lipid Profile
- [ ] Liver Function Test (LFT)
- [ ] Renal Function Test (RFT)
- [ ] Thyroid Panel
- [ ] Coagulation Profile
- [ ] Electrolytes
- [ ] Others (Specify below)

Other tests...

Clinical Information / Notes

Requesting Physician

Name:

Contact No.:

Signature:

Date: