

Stool Analysis Lab Request

Patient Information

Patient Name

Age / Sex

ID / MRN

Address

Contact Number

Date Collected

Request Details

Test(s) Requested

- Stool Routine Examination
- Occult Blood
- Ova and Parasite Exam
- Culture & Sensitivity
- Other: _____

Clinical Details

Previous Antibiotic use

For Laboratory Use Only

Sample Received (Date & Time)

Lab Accession No.

Remarks

Requesting Physician

Date & Time

Received By (Lab Staff)