

# Pathology Test Order

## Patient Information

Patient Name: [Patient Name]

Date of Birth: [DOB]

Patient ID: [Patient ID]

Gender: [Gender]

## Request Details

Requesting Doctor: [Doctor Name]

Department: [Department]

Order Date: [Order Date]

Contact Number: [Contact]

## Test Information

Test Name	Specimen Type	Priority	Clinical Notes
[Test 1]	[Specimen 1]	[Routine/Urgent]	[Notes 1]
[Test 2]	[Specimen 2]	[Routine/Urgent]	[Notes 2]

## Collection Details

Collection Date/Time: [Collection Date/Time]

Collector Name: [Collector]

## Additional Instructions

[Any additional instructions or notes]

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_