**LAB REQUEST FORM**

 **NO…………………….**

**Patients Name……………………………………………………………………….A/G………….**

**Members Name…………………………………………Relationship to patient…………**

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| --- |
| **Membership Number………………………………….CN/FN……………………………….Provisional diagnosis………………………………………………Date……………………….CLINICAL SUMMARY****INVESTIGATION**1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RESULTS****LAB TECHNICIANS NAMES……………………………………..SIGN………………………………..****REQUESTED BY……………………………………………..….SIGN…………………………………..** |