**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…………………………………..** |