

Requisition Form (RF-100)

| PATIENT INFORMATION | | FOR LAB USE ONLY: | |
|--|---|--|---------------------------------|
| First Name: | | Last Name: | |
| Father's / Spouse Name: | | Accession No: | |
| Date of Birth: DD - MM - YYYY | | Specimen ID: | |
| Age: | | Date Received: | |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> | | Collection Centre: | |
| Address & Contact Information: (Mandatory for prenatal Sample) | | | |
| | | Account Number: | |
| City: | State: | Pin Code: | |
| Landline: | | Mobile: | Payment :Cash / Check / Billing |
| PHYSICIAN INFORMATION | | | |
| Name: | | Institution: | |
| Phone: | | Email ID: | |
| TEST ORDERED (Mention code from test list) | SPECIMEN TYPE | | |
| | <input type="checkbox"/> Amniotic Fluid | <input type="checkbox"/> DNA | |
| | <input type="checkbox"/> Blood - SST | <input type="checkbox"/> FFPE/Tumour Block | |
| | <input type="checkbox"/> Blood – Plain Vial | <input type="checkbox"/> NIPS Vial | |
| | <input type="checkbox"/> Blood – Sod. Heparin | <input type="checkbox"/> Slides | |
| | <input type="checkbox"/> Blood – EDTA | <input type="checkbox"/> Sputum | |
| | <input type="checkbox"/> Bone Marrow – Sod. Heparin | <input type="checkbox"/> Tissue in _____ | |
| | <input type="checkbox"/> Bone Marrow – EDTA | <input type="checkbox"/> Urine | |
| | <input type="checkbox"/> CSF | <input type="checkbox"/> Others | |
| | <input type="checkbox"/> Chorionic Villi (CVS) | | |
| DATE OF COLLECTION: | | | |
| SEROLOGY REPORT (If Available) | | | |
| <input type="checkbox"/> HBs Ag Reactive/Non- reactive | | <input type="checkbox"/> HCV Reactive/Non-reactive | |
| | | <input type="checkbox"/> HIV Reactive/Non-reactive | |
| FOR MATERNAL SCREENING (Dual/Triple/Quad Marker) | | | |
| Ultrasound Date and Copy: | CRL: | NT: | LMP: |
| EDD: | Weight(in Kg): | Smoking: Yes / No | # Fetus: Single/Twin |
| Body Height(in cm) : | Gestational Age / Week of Pregnancy: | Gravida(n): | Parity(n): |
| PREVIOUS TEST RESULTS RELEVANT FOR CURENT TESTING | | | |
| | | | |
| INDICATIONS FOR STUDY | | | |
| | | | |
| SAMPLES TO BE DISPATCHED TO: | | | |
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