



PASTE TRF BARCODE

JITM Skills Pvt. Ltd.

D-87, SECTOR-02, NOIDA U ar Pradesh- 201301

TEST REQUISITION FORM

PATIENT INFORMATION, REFERRED DOCTOR DETAILS, CLIENT DETAILS

TEST REQUIREMENTS Please refer to DOS for Correct test Code, Name & Specimen type:

Table with 4 columns: Test Code, Test Description, Test Code, Test Description

SPECIMEN TYPE, TYPE OF BOOKING, SPECIMEN DISPATCHED AT, SPECIMEN COLLECTION INFORMATION, RECEIVED IN LABORATORY, CLINICAL HISTORY, MEDICATION HISTORY

Patient Consent* : I hereby authorize and consent to JITM Labs to collect, use, process, and share with affiliates and contracted third parties, the information necessary to perform these tests. I/We agree that the remaining specimen can be used for Quality Assurance and Research purposes if needed

Signature OR Thumb Impression of Patient/Guardian* Date.:

Signature of hospital/Laboratory/Doctor/Franchisee* Date.:

Name & Sign of Recipient: Date.: