

## **PASTE TRF BARCODE**

## JITM Skills Pvt. Ltd.

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

## **TEST REQUISITION FORM**

PATIENT INFORMATION			REFERRED DOCTOR DETAILS		
			Doctor Name:		
Patient Name:			—— Phone No.: Location:		
Address with Pincode:					
			Client Code.		
Phone No.:			Name:		
E-mail:					
			E-Mail:		
Date of Birth:			Fax:		
			Address With Pincode:		
Age:YrsMonthsDays/Gender:					
TEST REQUIREMENTS					
Please refer to DOS for Correct test Code, Name & Specimen type:					
Test Code Test Description		Test Code	Test Description		
rest code	16	st Description	rest code	rest bescription	
SPECIMEN TYPE:			— TYPE OF	TYPE OF BOOKING (Tick (V) in the box)	
SPECIMEN TYPE				Walk-In Home Collection ☐ Collection Centre ☐ Pickup Point ☐	
Serum		Paraffin Block			
Plasma: EDTA		Smear	SDECIME	SPECIMEN DISPATCHED AT	
Plasma: FL		Tissue			
Plasma: CIT		CSF	Date & Time:		
SST		Fluid	SPECIMEN COLLECTION INFORMATION		
W.Blood EDTA		Bal	Date and Time collected:		
W.Blood Fluoride		Sputum	Fasting: Yes No Fasting Period: Hrs.		
W.Blood Heparin		Urine	· · · · · · · · · · · · · · · · · · ·		
W.Blood Sodium Citrate		Stool	Sample Collected By:		
Slide (H&E) Bone Marrow		Swab Others	(Phlebotomist Name)		
		Others			
FN Aspirate		RECEIVED IN LABORATORY			
CLINICAL HISTORY:			Date &Time:		
			No of Samples Received:		
			Tempera		
				(<-2°C) (2-8°C) (18-22°C)	
			Any Discrepancy noted (if yes-record details):		
MEDICATION HISTORY:					
			Sample Received By:		
Patient Consent*: I hereby authorize and consent to JITM Labs to collect, use, process, and share with affiliates and				and the desired of the territory of the	
ratient Consent* : I hereb	y authorize and consent to JIT	IVI Labs to collect, use, process, and share w	iith affiliates and contra	cted third parties, the information necess are to perform these tests. I/We agree	

that the remaining specimen can 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.: