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|--|-----------------------------------|---|--------------------------------------|---|-----|
| <b>NATIONAL REFERENCE LABORATORY for HIV/ AIDS,<br/>Hepatitis B/C &amp; other STIs</b><br>San Lazaro Hospital<br>STD/AIDS Cooperative Central Laboratory<br>Quiricada St., Sta. Cruz, Manila<br>Tel Nos: (+632)310-9528 to 29<br>Fax No: (+632)711-4117<br>Email: nrlslhsaccl@yahoo.com.ph |                                   | <b>LABORATORY REQUEST FORM</b><br>Date Requested (MM/DD/YYYY) _____<br>Laboratory Number: _____<br>Queue No. _____<br><input type="checkbox"/> In-Patient _____<br><input type="checkbox"/> Out-Patient _____ |                                      |   |     |
|   |                                   |   |                                      |   |     |
| <b>PATIENT INFORMATION</b>   |                                   |   |                                      |   |     |
| Last Name:   |                                   | First Name:   |                                      | Middle Name:                              |     |
| Patient Code:  | Date of Birth:<br>(MM/DD/YYYY)    | Marital Status:<br>[ ] Single<br>[ ] Widowed  |                                      | Gender:<br>[ ] Male<br>[ ] Female         | Age |
| Address:   |                                   |   | Telephone No./ Mobile No.:           |   |     |
| Name and Signature of Referring Physician  |                                   |   | <b>LABORATORY TESTS</b>              |   |     |
| Clinical Diagnosis   |                                   |   |                                      |   |     |
| <b>FOR SACCL USE ONLY</b>  |                                   |   |                                      |   |     |
| Date & Time/ Sample Extracted By:  |                                   |   |                                      |   |     |
| <b>COLLECTION TUBE</b>   |                                   | <b>SPECIMEN</b>   |                                      |   |     |
| <input type="checkbox"/> Red   | <input type="checkbox"/> Lavander | <input type="checkbox"/> Serum  | <input type="checkbox"/> Whole Blood |   |     |
| <input type="checkbox"/> Yellow  | <input type="checkbox"/> Others   | <input type="checkbox"/> Plasma   | <input type="checkbox"/> Urine       |   |     |
|  |                                   | <input type="checkbox"/> Others _____   |                                      |   |     |
| <b>TEST RESULT RELEASE</b>   |                                   |   |                                      |   |     |
| <input type="checkbox"/> Pick - Up   |                                   | <input type="checkbox"/> Mail   |                                      |   |     |
| Bill to:   | Test Amount: _____                | OR #: _____   |                                      |   |     |
| <input type="checkbox"/> Patient   | Discount: _____                   | CS #: _____   |                                      |   |     |
| <input type="checkbox"/> Philhealth  | Total Amount Paid: _____          |   |                                      |   |     |
| <input type="checkbox"/> FOC _____   |                                   |   |                                      |   |     |
| Date & Time/ Form Received By: _____<br>Signature over Printed Name  |                                   |   |                                      |   |     |
| ID Presented/ ID Number  |                                   | <b>NOT VALID FOR EMPLOYMENT ABROAD</b>  |                                      |   |     |
| <input type="radio"/> Government _____   |                                   | Signature of Client _____   |                                      |   |     |
| <input type="radio"/> Private _____  |                                   |   |                                      |   |     |
| <b>TRACKING</b>  |                                   |   |                                      |   |     |
| <input type="checkbox"/> Receiving _____   |                                   | <input type="checkbox"/> Billing/ Cashier _____   |                                      | <input type="checkbox"/> Extraction _____ |     |

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