



अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT

DEPARTMENT OF PATHOLOGY

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CLINICAL PATHOLOGY TEST REQUISITION FORM

PATIENT INFORMATION:

Patient Name: _____ Ward/ Unit/ OPD: _____	Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hosp No.: _____ MRD No.: _____
Date & Time Of Sample Collection: ____/____/____ ____:____AM/PM	Relevant Clinical History: _____ _____		
Specimen type : <input type="checkbox"/> Urine <input type="checkbox"/> Semen <input type="checkbox"/> Fluid <input type="checkbox"/> CSF	Provisional Clinical Diagnosis: _____ _____		

LIST OF INVESTIGATION (Please tick mark on Investigation to be done):

Physical(Urine):

- Sp. Gravity
 PH

Chemical(Urine):

- Sugar
 Protein
 Ketone body
 BS / BP
 Urobilinogen
 Urine
haemoglobin

Microscopic

Examination(Urine):

- Urine Microscopic test
For Pus cells, Cast,
Crystals, Bacteria,
Parasite etc.

- Urine for Dysmorphic
RBC

- Urine for Microfilaria

- Routine Microscopy test

Body fluids :
(Pleural/Pericardial/
Peritoneal/Synovial/Others
body fluid)

Semen Analysis:

- Semen Analysis

Name of the Referring Doctor:

Designation & Mobile No:

Signature of Doctor:

FOR LAB USE	LAB ID:	
Status of Sample	ACCEPTED / REJECTED	
	Reason for rejection:	
Date & Time of sample Receiving	____/____/____ ____:____am/pm	Received By: