



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

DEPARTMENT OF PATHOLOGY

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EMERGENCY TEST REQUISITION FORM

PATIENT INFORMATION:

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

Please Tick Investigations to be done:

<input type="checkbox"/>	CBC
<input type="checkbox"/>	Hb
<input type="checkbox"/>	TLC
<input type="checkbox"/>	DLC
<input type="checkbox"/>	PS for MP
<input type="checkbox"/>	Platelete Count
<input type="checkbox"/>	PT
<input type="checkbox"/>	APTT
<input type="checkbox"/>	CSF Routine & Microscopy

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: _____