



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

DEPARTMENT OF PATHOLOGY

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HEMATOLOGY REQUISITION FORM

PATIENT INFORMATION:

Patient Name: _____ Ward/ Unit/ OPD: _____ Patient Mob. No.: _____	Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hosp No.: _____ MRD No.: _____
Date & Time Of Sample Collection: ____/____/____ ____:____AM/PM	Past history: _____ _____		
Specimen type <input type="checkbox"/> EDTA <input type="checkbox"/> Other	Clinical Diagnosis: _____ _____		
Known case of:			
Signs and symptoms:	Hepatosplenomegaly:	Lymphadenopathy:	
Treatment given:			

INVESTIGATIONS REQUIRED: [Tick mark (√) only whichever necessary]

- | | | | |
|-----------------------------------|---|---|------------------------------------|
| <input type="checkbox"/> Hb | <input type="checkbox"/> Platelet count | <input type="checkbox"/> PSMP | <input type="checkbox"/> ANC |
| <input type="checkbox"/> TLC, DLC | <input type="checkbox"/> CBC with PBS | <input type="checkbox"/> Reticulocyte count | <input type="checkbox"/> Any Other |
| <input type="checkbox"/> CBC | <input type="checkbox"/> ESR | <input type="checkbox"/> AEC | |

Name of the Referring Doctor:

Designation & Mobile No:

Signature of Doctor:

FOR LAB USE	LAB ID: _____	
Status of Sample	<i>ACCEPTED / REJECTED</i>	
	<i>Reason for rejection: Inadequate/Haemolysed/ Clotted/Others(Specify)</i>	
Date & Time of sample Receiving	____/____/____ ____:____AM/PM	Received By: _____