Lab Test Requisition Form

Patient Information:

- **Full Name: _____**
- **Date of Birth: _____ Gender: _____**
- **Contact Number: _____**
- **Address: _____**

Referring Physician:

- **Physician Name: _____**
- **Contact Number: _____**
- **Clinic/Hospital Name: _____**

Tests Requested:

- **Complete Blood Count (CBC)**
- **Urinalysis**
- **Liver Function Test**
- **Kidney Function Test**
- **Other (Specify): _____**

Reason for Test:

Sample Collection Information:

- **Date of Sample Collection: _____**
- **Type of Sample: _____**

- **Blood**
- **Urine**
- **Tissue**
- **Other: _____**

Additional Notes:

_____

_____

Signature of Physician: _____

Date: _____