


BARCODE

PATIENT LAST NAME	GIVEN NAMES	SEX	DATE OF BIRTH	YOUR REF:
PATIENT ADDRESS		TEL (HOME)		TEL (MOBILE)

REQUESTING CLIENT	COPY TO	FASTING
CLIENT CODE:		YES <input type="checkbox"/>
BILL CODE:		NO <input type="checkbox"/>
SIGNATURE  X		ROOM CLINIC/ROOM STAMP STAMP
DATE ...../...../.....		

TESTS REQUESTED

LAB USE	Collected By	Collect Date	Collect Time
	Tubes/Containers Collected		

Collection Declaration: I certify that the accompanying sample from the above patient whose identity was confirmed by enquiry and that I labelled the sample immediately following collection.

X .....