

Lab reference
number

LADY RIDGEWAY HOSPITAL, COLOMBO 08
Department of Chemical Pathology

Request form for Genetic Studies and Enzyme Studies

Name : Ward/Clinic :
Age : Tel No of patient :
Gender : M F Specimen : **WHOLE BLOOD IN**
Date of birth : 2CC EDTA TUBE
BHT/Clinic No :

<p>Name and designation of the requesting medical officer : Date :</p>	<p><i>To be filled by the nursing officer</i> Date & time of sample collection : Name :</p>
--	---

To be filled at the laboratory reception

Date & time of sample receipt

- Lipaemic Haemolyzed Icteric Insufficient Clotted

Please follow the instructions provided to your unit. For further information and clarifications please contact Department of Chemical Pathology 011- 2693711 Ext 314