

LADY RIDGEWAY HOSPITAL, COLOMBO 08
Department of Chemical Pathology
Request form for special biochemical investigations

Lab reference number

Name :

Age : BHT/Clinic No :

Ward/Clinic :

Gender : M F Tel No of patient :

Specimen : **URINE**

Date of birth : **(CULTURE BOTTLE)**

Relevant clinical history and examination findings:.....

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Drugs :

URINE

Organic acid

Collection Container	Sterile urine culture bottle
Sample Volume	≥ 10 mL
Collection and transport instructions	Transport in the ice to the laboratory immediately.
Name and designation of the requesting medical officer :	<i>To be filled at the laboratory reception</i>
.....	Date & time of sample receipt
..... Date :

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