

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

Lab reference number

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

Fasting status: <4 Hrs 4 Hrs 6 Hrs

Relevant clinical history & examination findings:
.....
.....

Drugs :

PLASMA

Amino acid

Name and designation of the requesting medical officer :
.....Date :

<i>To be filled by the nursing officer</i> Date & time of sample collection : Name :

To be filled at the laboratory reception

Date & time of sample receipt

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

