INSTITUT PERUBATAN DAN PERGIGIAN TERMAJU (IPPT)
UNIVERSITI SAINS MALAYSIA (USM)

Advanced Diagnostic Laboratory

HAEMATOLOGY REQUEST FORM

Name :
PID :
I/C no. :
Sex : ☐ Male ☐ Female
Age : ☐☐
Date of specimen :
Time of specimen :
Ward/Clinic :
Hospital :
Type of Sample :

For Laboratory Use Only
Master Lab No. :
Unit Lab No. :
Date/Time Received :

DIAGNOSIS :

CLINICAL HISTORY:

PHYSICAL EXAMINATION:

Pallor	☐	Lymphodenopathy	☐	Others (State):	☐
Oedema	☐	Spleen enlargement	☐		
Jaundice	☐	Bleeding	☐		

DRUGS/HEMATINICS:

BLOOD TRANSFUSION : YES / NO	DATE :
TEST REQUESTED :	ROUTINE / URGENT

(For laboratory use only)

Name of doctor : _____

Signature & stamp :

Date: _____