

T/C of.....

BT/AT No.....



I. T. R. A. HOSPITAL-JAMNAGAR

(Institute of National Importance)

Ministry of AYUSH, Government of India



REQUEST FOR THE MICROBIOLOGICAL INVESTIGATIONS

Patient's Name..... Age..... Sex.....

Date of Request..... Referred by Physician.....

O.P.D. No..... Dept.....

I. P. D. No..... Ward/Bad No.....

Type of Requisition ☐ Paid & Paid Slip Detail..... ☐ Sr. Citizen

☐ BPL & BPL Card Number..... ☐ JSY

Provisional Diagnosis/Clinical History.....

SEROLOGICAL INVESTIGATIONS

(Please Put Tick "✓" Mark)

HIV	HBsAg	HCV	VDRL	RA (Qualitative)	CRP (Qualitative)	ASO (Qualitative)

M.B. Sr. No.....

Barcode:

Signature of Guide/Physician