

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
 BPL & BPL Card Number.....

Provisional Diagnosis/Clinical History.....

SEROLOGICAL INVESTIGATIONS

(Please Put Tick "✓" Mark)

HIV	HBsAg	HCV	VDRL	RA	CRP	ASO
.....

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

Barcode:

Signature of Guide/Physician