

T/C of.....BT/AT No.....



# I. T. R. A. HOSPITAL-JAMNAGAR

(Institute of National Importance)

Ministry of AYUSH, Government of India



## REQUEST PERFORMA FOR 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 ☐ BPL ☐ Sr. Citizen ☐ JSY

Provisional Diagnosis/Clinical History.....

## SMEAR & CULTURE EXAMINATION REQUEST FROM

Type of Specimen :- .....

Test Required To Perform :- (1) (2) (3) (4) (5) (6) [Please Put Tick '✓' Mark]

(1) Wet Mount / 10% K.O.H. Preparation :-

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(2) Gram's Stain :-

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(3) Z & N. Stain :-

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(4) Albert Stain :-

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(5) Aerobic Culture :-

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(6) Fungal Culture :-

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Remarks :

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Sign. of Microbiologist

Reporting Date

MB. Sr. No.

MB. Report Dispatch Date