

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 :-  
\_\_\_\_\_  
\_\_\_\_\_

(2) Gram's Stain :-  
\_\_\_\_\_  
\_\_\_\_\_

(3) Z & N. Stain :-  
\_\_\_\_\_  
\_\_\_\_\_

(4) Albert Stain :-  
\_\_\_\_\_  
\_\_\_\_\_

(5) Aerobic Culture :-  
\_\_\_\_\_  
\_\_\_\_\_

(6) Fungal Culture :-  
\_\_\_\_\_  
\_\_\_\_\_

Remarks :

Sign. of Microbiologist

Reporting Date

MB. Sr. No.

MB. Report Dispatch Date