# HMC DLMP Private Client Test Request Form

# Client Name\*:

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| **Patient Details:** | |  | **Date of Request (dd/mm/yyyy)\*:**  **Time of Request\*:** |
| QID/Passport/HC#\*:  First Name\*:  Middle Name:  Family Name\*:  Date of Birth\*:  Gender (M/F) \*: |  |  | Ordering Physcian Name\*:  Physican signature\*: |
|  | QCHP No\*: |
|  |  |
|  | Sample collector’s Name: |
|  | Sample’s Collector’s QCHP No: |

**Sample Collection\*: Sample Type (x)\*:**

|  |  |
| --- | --- |
| Date (dd/mm/yyyy) |  |
| Time: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Blood |  | Stool |  | Tissue | | |  |
| Urine |  | Sputum |  | Cytology | | |  |
| Swab |  | Fluids |  | | Other |  | |

**Relevant Clinical information:**

|  |  |
| --- | --- |
| Medications: |  |
| Clinical Information |  |

**Laboratory Tests Required (x)\*:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Biochemistry** |  | **Biochemistry** |  | **Hematology** |  | **Virology &**  **Microbiology** |  | **Anatomical Pathology** |  | **Histocompatibility & Immunology** |  |
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| **Genetics** | **Cytology Additional Tests (please separate the tests clearly)** | | | | | | | | | | |
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| **FOR LABORATORY USE ONLY** | |
| **Laboratory Comments:** |  |