



AMERICAN BIO-CLINICAL LABORATORIES, INT'L

LG 3-6 Richville Corporate Tower, Madrigal Business Park

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BARCODE HERE

PLEASE FILL-OUT THIS FORM CORRECTLY/ COMPLETELY/LEGIBLY

SPECIMEN & REQUEST PREPARATION

Exact Date & Time of Collection:

Specimen Collected By:

Request Form Prepared By/Signature:

Referring Physician:

CLINICAL DIAGNOSIS (Pls. provide):

WALK-IN / HOME SERVICE LABORATORY TEST REQUEST FORM

PATIENT INFORMATION

Form fields for Patient Information: LAST NAME, MIDDLE NAME, FIRST NAME, AGE, SEX AT BIRTH, DATE OF BIRTH, CONTACT NO., ID NUMBER, EMAIL ADDRESS, PATIENT ADDRESS, SIGNATURE, REFERRING CLINIC/HOSPITAL

By affixing my signature, I hereby consent to disclose my clinical information to ABC Laboratories.

CLEARLY CHECK PANELS/INDIVIDUAL TEST REQUESTED (FOR OTHER TEST INQUIRIES, PLEASE CALL ABC LABORATORIES)

Table of test codes and categories: MOLECULAR BIOLOGY, TUMOR MARKERS, INFECTIOUS DISEASES, HORMONES, URINE ELECTROLYTES, GENERAL CHEMISTRY, CLINICAL MICROSCOPY, CARDIAC MARKERS, SEROLOGY, IMMUNOLOGY, TRANSPORT MEDIA / TUBE, URINE CHEMISTRY, HEMATOLOGY

Table for TRANSPORT MEDIA / TUBE: SEPARATED SERUM (SS), SST (Y), RED (R), EDTA WHOLE BLOOD (L), EDTA PLASMA (EP), CITRATED PLASMA (CP), BLUE (B), BLACK (BLK), URINE (U), STOOL (ST), BHI, AMIES (A), CARY BLAIR (CB), PAP SMEAR SLIDES (PAP), GRAM STAIN SLIDES (GS)

LABORATORY REMARKS: Received By: Date & Time:

CLIENT SERVICE REMARKS: Encoded By: Masterlog By:

NOTE / SPECIAL REQUEST:

MICROBIOLOGY table with columns: TEST, SPECIMEN / SITE, TEST, SPECIMEN / SITE, TEST, SPECIMEN / SITE

