



RELIABLE DIAGNOSTIC LABORATORY NEPAL PVT. LTD.

ISO 15189:2012 ACCREDITED PATHOLOGY LABORATORY

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Certificate No : MLS-003

TEST REQUEST FORM

S. No.:

Date:

PATIENT NAME: (Block Letter Only)											
Age:		Yrs.		Month	Referred Hospital/Clinic/.....						
<input type="checkbox"/> Male		<input type="checkbox"/> Female									
Ref. by Dr.:											
Clinical History (Provisional Diagnosis):											
Sample Collection Date/Time:.....								Total Number of Vails			
	Requested Test:							Sample Type			
1											
2											
3											
4											
5											
6											
7											
8											

Form filled by: Sign:.....

Temperature Recd. : Date: Time:

IMPORTANT: It is mandatory to provide all the requested information to enable accurate and timely reporting.