# TEST REQUISITION FORM

illuminating cancer diagnosis

3, Factory Road,
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E-mail : marketingserv@daburpharma.com

| | |
|---|---|
| **TRF No.:** | |
| **ACCESSION No.:** | |
| **DATE :** | |

**Specimen Information :**

**ID Number :** ☐☐☐☐☐☐☐☐☐☐

**Date Drawn *** ☐☐☐☐☐☐☐☐ (dd/mm/yy)* **Time Drawn*** ☐☐☐☐☐ **am** **/Pickup Time** ☐☐☐☐☐ pm

**Patient Information :**

**Name*:** _____ **M/F*** _____

(Block letters : surname first)

**Address *:** _____

Phone : _____ **Age*:** _____

**Date of Birth (dd/mm/yy)** : ☐☐☐☐☐☐☐☐

**Height:** **Weight:**

**Specimen type***

- ☐ Serum
- ☐ Clot Blood
- ☐ CSF
- ☐ Plasma
- ☐ Whole Blood
- ☐ Paraffin Block
- ☐ Bone Marrow
- ☐ Tissue
- ☐ Fluid
- ☐ Smear/Slide
- ☐ Urine
- ☐ Others

**Specimen Source**

**Temperature**

☐ Frozen ☐ Cold (2-6°C) ☐ Ambient

**TEST REQUIREMENTS :**

**Please refer to the Test menu list for correct test code and specimen type.****

| Test Code | Description |
|---|---|
| | |
| | |
| | |
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| | |
| | |
| | |

*Mandatory Information

**Referred by (Hospital/Lab/Doctor)**

**Name :** _____

**Address :** _____

Phone _____ Fax : _____

**Specimen collected at :**

**Client Code* :** ☐☐☐☐☐☐☐☐

Reporting by

Phone/Fax/Courier/Pickup/Copy to

**Billing information**

Bill To: (Name/Address) _____

Amount: Mode :

**Receipt Information**

Name : _____

Amount : _____ Receipt No : _____

**Patient History***

I/we agree that the remaining specimen can be used by OncQuest for research purposes.

*Signatory**