Client information

Doctors name / Institution

Street

Postcode, Town

Country

Basic patient information

Name

O female
O male

First name

Date of birth

Überörtliche Berufsausübungsgemeinschaft
MVZ · Dr. Eberhard & Partner Dortmund

Laboratory Medicine Dortmund
Brauhausstraße 4
44137 Dortmund, Germany

Tel.: +49 231·95 72 – 0
Fax: +49 231·57 98 34

info@labmed-international.de
www.labmed-international.de

Queries to sender

E-Mail

Phone

Specimen notes

Date / Time

O Blood / Whole blood
O Citrate plasma   [CP]
O EDTA blood   [E]
O EDTA plasma   [EP]
O NaF blood   [Na]
O Serum   [S]

O Urine   [U]
O Morning urine   [UM]

Other specimen / comments

For laboratory use only!

Order number

Clinical Lab Request

Patient details

Age

Height

Weight

O Pregnant, week

Nationality

Gravida

Para

Specimen specifications

Submitted specimen

Sample collected (Date / Time)

Current treatment (Medication)

Time of last intake

Time of last intake

Diagnosis / Reason for referral / Previous findings / Current symptoms

Tests requested

Information:
This requisition form is a binding order for tests that are subject to a charge to be paid by the client / signatory of this requisition form. The costs and terms of payment are specified in our quotation.

Patient or parent / guardian
(Block capitals)

Date / Signature

Attending doctor
(Block capitals or stamp)