



अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर
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जीवरसायन विभाग
DEPARTMENT OF BIOCHEMISTRY

REQUISITION FORM FOR EMERGENCY LAB TESTING

CR. No.

Date: _____

Name: _____ Age: _____ Gender: _____

OPD/ Ward: _____ Consultant In-Charge/ Department: - _____

Clinical Indication for emergency testing:-

Clinical Diagnosis:

Investigation to be requested (Please mention the test): -

1. Serum _____
2. Plasma _____
3. Urine _____
4. Other body fluids _____

Any Other Details:

Name of the Resident: _____

Phone Number: _____

Signature of Resident _____

Note:-

1. Please mention correct CR Number & name of the patients on the vials sent.
2. Emergency samples sent to laboratory between 7:00 PM and 8:00 AM should be accompanied by the requisition form.
3. However samples from Labour room, ICUs and Emergency OT do not need this form.