**अखिल भारतीय आयुर्विज्ञान संस्थान¸जोधपुर**

 **ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR**

 **विकृति विज्ञान विभाग**

 **DEPARTMENT OF PATHOLOGY & LAB. MEDICINE**

 **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: -**

**Complete blood count Blood film morphology PT/INR**

**APTT D-Dimer Urine Microscopy**

**Fluid Cell Counts and Microscopy**

**CSF (Cell Counts and Microscopy)**

**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 Emergency, Labour room, ICUs and Emergency OT do not need this form.**