



TEST REQUEST FORM

S.No	Sample Identification /Description	Analysis Required	Special Instructions

Laboratory use only	Condition received :
Received by:	
Date :	

Sample Details

Sample Name: _____
 Address: _____

 Type _____
 Condition : Good Fresh Dry

Requester Details:

Name: _____
 Organization _____
 Address: _____

Sample Type:

<input type="checkbox"/> Blood	<input type="checkbox"/> Urine	<input type="checkbox"/> Swab	<input type="checkbox"/> Tissue	<input type="checkbox"/> Seeds
<input type="checkbox"/> Faeces	<input type="checkbox"/> Sputum	<input type="checkbox"/> Fluids	<input type="checkbox"/> Bark	<input type="checkbox"/> Oil
<input type="checkbox"/> Water	<input type="checkbox"/> Leaves	<input type="checkbox"/> Root	<input type="checkbox"/> Flower	<input type="checkbox"/> Product

Examination Requested:

Profile test <input type="checkbox"/> pH <input type="checkbox"/> TDS <input type="checkbox"/> Conductivity <input type="checkbox"/> Salinity <input type="checkbox"/> Chlorides	Biochemistry <input type="checkbox"/> Creatinine <input type="checkbox"/> ALP <input type="checkbox"/> Uric acid <input type="checkbox"/> HbA1c <input type="checkbox"/> BUN <input type="checkbox"/> HDL <input type="checkbox"/> Total protein <input type="checkbox"/> LDL <input type="checkbox"/> GOT <input type="checkbox"/> Total cholesterol <input type="checkbox"/> GPT <input type="checkbox"/> Triglyceride <input type="checkbox"/> Albumin <input type="checkbox"/> Glucose	Hematology <input type="checkbox"/> CBC <input type="checkbox"/> Hb <input type="checkbox"/> TWDC <input type="checkbox"/> Platelets <input type="checkbox"/> ABO & Rh (D)	Microbiology <input type="checkbox"/> Urine <input type="checkbox"/> Microscopy/Culture/Sensitivity <input type="checkbox"/> Smear Only <input type="checkbox"/> Smear & Culture <input type="checkbox"/> Pus <input type="checkbox"/> Gram Positive & negative
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Animal Studies:

Pharmacology screening <input type="checkbox"/> Sensitivity <input type="checkbox"/> Pain reflex <input type="checkbox"/> Saliva <input type="checkbox"/> Activity <input type="checkbox"/> Grip test <input type="checkbox"/> Motor Active <input type="checkbox"/> Heart rate <input type="checkbox"/> Respiratory <input type="checkbox"/> Gait <input type="checkbox"/> Pitosis <input type="checkbox"/> Diarrhea <input type="checkbox"/> Pole test <input type="checkbox"/> Urination <input type="checkbox"/> Necrosis <input type="checkbox"/> Ataxia <input type="checkbox"/> Emesis <input type="checkbox"/> Piloerection	Pharmacological activity <input type="checkbox"/> Analgesic <input type="checkbox"/> Infertility <input type="checkbox"/> Inflammatory <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthmatic <input type="checkbox"/> Diabetic <input type="checkbox"/> Sedative <input type="checkbox"/> Local anesthetic <input type="checkbox"/> Wound healing <input type="checkbox"/> Burn healing <input type="checkbox"/> Hyperlipidemic <input type="checkbox"/> Isolation studies <input type="checkbox"/> Obesity <input type="checkbox"/> Epilepsy <input type="checkbox"/> Anxiety <input type="checkbox"/> Hypnotics <input type="checkbox"/> Pyretic	Cosmetic screening activity <input type="checkbox"/> Edema <input type="checkbox"/> Erythema <input type="checkbox"/> Hypersensitive <input type="checkbox"/> Bioassay Toxicology <input type="checkbox"/> Hepatotoxicity <input type="checkbox"/> Nephrotoxicity <input type="checkbox"/> Neurotoxicity <input type="checkbox"/> Cardio toxicity <input type="checkbox"/> Reproductive <input type="checkbox"/> Vaginal & Rectal <input type="checkbox"/> Ocular <input type="checkbox"/> Respiratory
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Cancer and Molecular Studies:

Molecular studies <input type="checkbox"/> DNA <input type="checkbox"/> RNA <input type="checkbox"/> Gene Cancer Studies <input type="checkbox"/> Breast cancer <input type="checkbox"/> Lung cancer <input type="checkbox"/> Colon cancer <input type="checkbox"/> Skin cancer <input type="checkbox"/> Brain cancer <input type="checkbox"/> Prostate cancer
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Analysis:

Vitamins <input type="checkbox"/> Fat soluble <input type="checkbox"/> Water soluble <input type="checkbox"/> Antioxidants <input type="checkbox"/> Protein Minerals <input type="checkbox"/> Calcium <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphate <input type="checkbox"/> Iron <input type="checkbox"/> Copper <input type="checkbox"/> Sodium <input type="checkbox"/> Zinc <input type="checkbox"/> Potassium

Additional Studies

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Date: -----

Requester's Signature: -----