



# Penawar Laboratory

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LAB FORM

FOR LAB USE

URGENT  PHONE  FAX

PATIENT'S NAME:

CLINIC CHOP

IC / PASSPORT NO: \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

SPECIMEN TYPE

- PLAIN  FLUORIDE
- EDTA  URINE
- OTHER \_\_\_\_\_

SPECIMEN TAKEN

DATE: \_\_\_/\_\_\_/\_\_\_ TIME: \_\_\_\_\_ am/pm

- FASTING  NON FASTING

DR'S NAME & SIGNATURE

TEST REQUEST :

- GEN 1  GEN 4  COR 1  LIVER (LIV)
- GEN 2  GEN 5  COR 2  PETRONAS OFFSHORE
- GEN 3  GEN 6  REN 1  SEAMAN

OTHER TEST

CLINICAL HISTORY

CLINIC STAFF INCHARGE :