



Integrated Disease Surveillance and Response System (IDSRS)
Directorate General Health Services, KP
LABORATORY REQUEST FORM

ID No./Epid No.		Province		District		Tehsil	
Sample Type (check one)	Urine	Blood	Stool	CSF	Swab	Other (specify)	Water
Provisional Diagnosis:							
Lab Investigation requested							
Patient's Name						Sex	Age
Father/Spouse's Name							
Contact Information of Patient : Name/Address of origin / camp / Hospital:							
Date of onset of illness:							
Vaccination history:							
Week, Date & Time of collection of sample:							
Remarks							
Referred by / Person to whom results should be sent: Name, Designation, Office location, phone number:							
For Lab Personnel Record							
Week, Date & Time of sample receipt:		Lab Referred			Sample Condition		

Week, Date & Time of sample report:	Fresh Sample or Reconfirmation	Result
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Instructions:

1. **Form:** This form should accompany any specimen for laboratory investigation. Please fold in fourths so the patient's name is hidden and message below is exposed. Send two copies.
2. **ID No:** To give an ID to patient just use date or initials of the name and a number. Also keep track of numbers in an Excel sheet for easy reference.
3. **Labeling:** Please clearly mention the Name, Age and Sex on the sample and suspected disease on the carrier box.
4. **Address:** Please send all culture samples to _____, NIH, Chak Shahzad, Islamabad.

(For Transporter or Courier)

Please handle samples carefully and immediately transfer to Public Health Laboratories, NIH, Chak Shahzad, Islamabad.