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LABORATORY REQUISITION FORM

Patient Demographics:

Name	DOB	Age	Gender	NCD Listed Patient
Jayappa	1959	66	male	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

VITALS

Height Inches	Weight Kgs	Blood Pressure		HR	Temp	SpO2	Waist Inches	Social Behaviour	
		Systole	Diastole					Smoking	Drinking
152	42kgs	110	70	72	98	96	30	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>

Collection Details

Day	Month	Year	Collection Time		Collection Location	
05	01	2025	7:55	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Village	Santhosha
					Mandal	Santhosha

(Eg: 01 | 10 | 2025) (Eg: 07:15 AM)

Patient fasted at least 10 hrs? Y N

This section to be completed by SITE PERSONNEL ONLY

Requisition Completed by G-8 # Team 29

Phone Number 970032164

For Sample Submission HUB use only

Verifier Name & Emp ID	Tube Count	Validation (sample accepted)	Validator Comments
J Poositha	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	good

