

Republic of the Philippines

Mountain Province State Polytechnic College

Bontoc, Mountain Province

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COURSE/YEAR LEVEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.D No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LABORATORY REQUEST FORM**

 Complete Blood Count

 Urinalysis

 Fecalysis

 Hepatitis B screening

 **Others:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician/Nurse:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**License No.:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*MPSPC – HSU – F – 003/01/July 17, 2019*

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