# Lab Test Request Form

*This form is used by healthcare providers to document and request laboratory tests for a patient. It ensures accurate information is communicated to the laboratory for diagnostic or monitoring purposes.*

## Patient Information

**Full Name:** {fullName}

**Date of Birth:** {dateOfBirth}

**Gender:** {gender}

**Contact Number:** {contactNumber}

**Patient ID:** {patientID}

## Requesting Provider Details

**Provider Name:** {providerName}

**Department/Clinic:** {clinic}

**Contact Number:** {providerContact}

**Email Address:** {providerEmail}

**Date of Request:** {requestDate}

## Test(s) Requested

Please see the list below for requested laboratory tests:

{#tests}

* **{testName}**: {testDescription}

{/tests}

## Clinical Information

**Clinical Diagnosis / Reason for Test:**

{clinicalReason}

**Additional Instructions for the Laboratory:**

{labInstructions}

## Insurance Information

{#hasInsurance}

**Insurance Provider:** {insuranceProvider}

**Policy Number:** {policyNumber}

{/hasInsurance}

{^hasInsurance}

**No health insurance provided.**

{/hasInsurance}

## Specimen Information

|  |  |  |
| --- | --- | --- |
| **Specimen Type** | **Collection Date** | **Collected By** |
| {#specimens}{specimenType} | {collectionDate} | {collectedBy}{/specimens} |

## Signatures

**Provider Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** {signatureDate}