

LILONGWE INSTITUTE OF ORTHOPAEDICS & NEUROSURGERY
Serology Request Form



| | | | |
|------------------------------|---------------------------|-----------|-----------------------|
| Name of patient | | Age | Sex |
| Ward/cost centre | Date & Time of collection | | Date & Time logged in |
| Requesting Clinician | | Signature | |
| Clinical information/History | | | |

Please tick (√) for wanted tests

| √ | Tests | Result | √ | Tests | Result |
|----------------|-------------|--------|---|-------------------|--------|
| | Hepatitis B | | | Measels test | |
| | Hepatitis C | | | Rubella test | |
| | VDRL/RPR | | | ASO Test | |
| | HIV | | | Rheumatoid factor | |
| Remarks | | | | | |

| | | |
|--------------|------------------------|-------------|
| Performed by | Signature signature | Lab number: |
| Reviewed by | | |

.....

LILONGWE INSTITUTE OF ORTHOPAEDICS & NEUROSURGERY
Serology Request Form

| | | | |
|------------------------------|---------------------------|-----------|-----------------------|
| Name of patient | | Age | Sex |
| Ward/cost centre | Date & Time of collection | | Date & Time logged in |
| Requesting Clinician | | Signature | |
| Clinical information/History | | | |

Please tick (√) for wanted tests

| √ | Tests | Result | √ | Tests | Result |
|----------------|-------------|--------|---|-------------------|--------|
| | Hepatitis B | | | Measels test | |
| | Hepatitis C | | | Rubella test | |
| | VDRL/RPR | | | ASO Test | |
| | HIV | | | Rheumatoid factor | |
| Remarks | | | | | |

| | | |
|--------------|------------------------|-------------|
| Performed by | Signature Signature | Lab number: |
| Reviewed by | | |

.....