

Medical Diagnostics Requisition Form

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Please, ensure **ALL** the information is thoroughly filled out. Incomplete information can result in delay in TAT

Patient Details: Title _____ First _____ Middle, Last _____ Tel: _____ Email : _____ Medical Record No.: _____ Emirates ID/ Passport No.: _____ Nationality: _____ DOB : DD / MM / YY Gender : ☐ M ☐ F	Requester Details: Title _____ First _____ Middle, Last _____ Tel: _____ Email: _____ Organization: _____ TRN number: _____ Address: _____ _____
Physician Name: _____ Report to: ☐ Patient ☐ Requester ☐ Others (Give Details): _____ Invoice to: ☐ Patient ☐ Requester ☐ Others (Give Details): _____	

Case History (including travel history, relevant previous testing dates and results, symptoms):

Test(s) Requested (Assay Code): _____
 (Note: For list of assays please refer to Medical Service list)

Priority: ☐ Normal ☐ Urgent (Urgent samples will incur extra charges)

Total No. of Samples: _____

Specimen type (if relevant site of origin) _____

Collection Details:	DD/ MM / YY, __ hh __ : __ mm __	Name and Signature
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The signature below indicates that the patient/sender consent for sample collection and verify the authenticity of the sample for the requested tests.

Patient / Requester Signature _____ Date: _____

For MBG Centre Use Only

Sample Remarks: Accepted? ☐ Rejected? ☐ Sample Received at right temperature ☐	Comments: _____
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