



Province of Laguna
City of Santa Rosa
City Health Office II



LABORATORY REQUEST FORM

Date: _____

Name: _____
Address: _____
Age: _____
Sex: _____ Birthday: _____

Request for:

- Urinalysis
 - Complete Blood Count
 - Platelet Count
 - Fecalysin
 - Others
- Please specify: _____

Requested by:

CHO2 - LRF - F08



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