

<b>Hospital</b>		<b>Patient name</b>			
Department/ Ward		Registration No.		Date of birth	(YYYY/MM/DD)
Ordering Physician(Dr.)		Sex		Date collected	(YYYY/MM/DD) AM/PM
Specimen type	<input type="checkbox"/> Blood(whole) <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Random urine <input type="checkbox"/> Storage urine(amount):   mL <input type="checkbox"/> Body fluid <input type="checkbox"/> Blood paper <input type="checkbox"/> Others			Date requested	(YYYY/MM/DD) AM/PM
Diagnosis and other info.					

\*Test code and test item name is available 'Test Item Search' on GC Labs' website ([www.gclabs.co.kr/eng](http://www.gclabs.co.kr/eng))

\*\*Please prepare separate request form for below items

- Prenatal test
- Newborn screening test
- Trace element screening test
- Leukemia-Lymphoma Immunophenotyping

No	GC Labs' Test Code	Test Item Name
1		
2		
3		
4		
5		
6		
7		
8		