



Bagmati Province Government
Ministry Of Health
Public Health Laboratory

Dhulikhel, Kavre
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Patient Details

Name: _____
Age: _____ Sex: Male Female
Address: _____
Contact No.: _____

Requester Details

Name : _____
Hospital/Clinic: _____
Address: _____
Contact No.: _____
Signature: _____

Sample Details:

Sample taken from Patient: Date: _____ Time: _____
Sample Sent Date: _____ Fasting Non-Fasting Other (If Any): _____

Clinical History:

Test Request:

S.N.	Requested Test	Sample Types

For PPHL Laboratory Staff

Sample Received By:

Name: _____
Post: _____
Signature: _____

Sample Received

Date: _____
Time: _____