PATIENT'S MEDICAL RECORD

SPECIMEN LAB RPT. NO.

SEROLOGY

URGENCY
☐ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☐

PATIENT STATUS
☐ BED ☐ AMB.
OUTPATIENT ☐
☐ NP ☐ DOM

SPECIMEN SOURCE
☐ BLOOD
☐ OTHER *(Specify)*

Enter in above space **PATIENT IDENTIFICATION--TREATING FACILITY--WARD NO.--DATE**

REQUESTING PHYSICIAN'S SIGNATURE	REPORTED BY MD / TECH	DATE	LAB. ID. NO.

REMARKS

TEST(S)	SPECIMEN TAKEN DATE	SPECIMEN TAKEN TIME A.M. P.M.	RESULTS	REQUESTED (X)
INF. MONO. QUAL.				
INF. MONO. QUANT.				
RPR AUTO				
RPR CARD				
VDRL QUAL.				
VDRL QUANT.				
FTA-ABS				
TPHA				
RHEUMATOID FACTOR				
ANTI-NUCLEAR FACTOR (ANF)				
COLD AGG.				
ASO				
CRP				
SERUM COMPLEMENT				
FEBRILE AGG				
COMP. FIX.				
HAI				
THYROGLOBULIN ANTIBODY				
THYROID MICROSOMAL ANTIBODY				

SEROLOGY
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General Services Administration and Interagency Committee on Medical Records FPMR 101-11.806-8

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REMARKS

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SPECIMEN TAKEN																			
TIME (A.M. / P.M.)																			
DATE				AUTO / CARD															
RESULTS																			

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