

LCP Form 21-101



LUNG CENTER OF THE PHILIPPINES
DEPARTMENT OF PATHOLOGY AND LABORATORY

Date	01 Aug 2024	Specimen No.			
Surname	SEPICO	Birthdate:			
Given Name	VICTORIA	Sex	F	Hosp. No.	
Middle Name		Stat	<input type="checkbox"/>	OPD	<input type="checkbox"/>
Requesting Physician	LAUREN	Routine	<input checked="" type="checkbox"/>	In-Patient	<input type="checkbox"/>
Diagnosis:	BCA mm - small cell	Ward/Bed No.			

REQUEST FOR CLINICAL LABORATORY EXAMINATION

SPECIMEN

EXAMINATION DESIRED



BLOOD

creatinine



URINE



STOOL



SPUTUM

OTHERS

Received by:
(Signature over Printed Name)