



Laboratory Request Form

K-RITH Building, Level 1, TIA Offices
Private Bag X54001, Durban 4000
719 Umbilo Road, Umbilo, Durban, 4001
www.krisp.org.za



Clinician / Health Care Worker Details
Full Name
HPCSA / Practice number
Contact number
Email address
Signature

Patient Details
Patient ID number
Hospital number
Surname
Name
Date of Birth
Phone number
Contact details
Race
Gender
Address

Specimen Details
Specimen Type
Anatomical Site
Collection Date
Collection Time
Collected By

Received at KRISP Laboratories
Date
Time
Name

Hospital / Clinic Details
Name
Ward

Test Requested (please tick appropriate)
HIV-1 Drug Resistance
Genotyping

Clinical information:

Table with 4 columns: Date, Viral Load, CD4, Weight

Table with 4 columns: ARV, Start Date, Stop Date, Comment

Comments:

Clinician Name and Surname:

Clinician Signature:

Date: