



अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT
DEPARTMENT OF INTEGRATED LAB SERVICES

JUSTIFICATION FORM FOR LABORATORY INVESTIGATIONS OTHER THAN
EMERGENCY INVESTIGATIONS

(To be filled by on duty JR/SR for sending samples during emergency hours)

Please Affix Patient's
Sticker Here

- Date of Admission : _____
- Time of Admission : _____
- Faculty I/C name : _____
- Ward : _____
- Provisional Diagnosis : _____

➤ **To be filled for Viral markers (HIV, HBsAg, HCV)**

- Date of Procedure / OT to be done : _____
- Time of Procedure / OT to be done : _____
- Type of Procedure / OT to be done : _____
- Time of sample collection : _____

➤ **To be filled for other samples**

- Type of sample / site of collection : _____
- Time of sample collection : _____
- Reason / Justification for sending sample:

HMIS Entry: - Done Not Done

(Please tick whatever is applicable)

Name of S.R. / J.R. on duty : _____ Mo.: _____

Sign of S.R. / J.R. on duty : _____