

	Lab Name:	Document No:	QUXAT/F/35
	Test Report Form		Page No: Page 1 of 1

Patient Lab ID		Patient Name			
Report Number		Page No of Total Pages			
Sample Collected Date		Time			
Sample Collection - Done by		Designation			
Sample Processed by:		Designation			
Patient Address					
Email ID & Mob No:					
Any specific instructions:					
Test Processing details:					
Test Name		Test Procedure			
Test Location		Processing Date/Time			
Test Processed by		Date/Time			
Test Report Details:					
Report Date	Time	Result	Value	Comments	Reference
Result Details:					
Data Entry Details:					
Test Results Checked by:					
Test Results Approved by:					
Name:			Designation:		
Comments:					
Signature:			Date & Time:		
Office Use: Report Collected by					
Name:			Address:		
Contact details:					
Signature:			Date & Time:		

Issue No:	Issue Date:	Amend No:	Amend Date:	Copy No:
Prepared/Issued by:	Quality Manager	Approved by	Laboratory Director	