



Lab No.....
Specimen No.....

REQUEST FORM FOR FAST TRACK

ชื่อ-สกุลผู้ป่วย.....H.N.....
อายุ.....วอร์ด.....วัน/เดือน/ปี ที่ส่งตรวจ.....
การวินิจฉัยโรคทางคลินิก.....ผู้ขอตรวจ.....

Type of specimens

<input type="radio"/> BAL (bronchoalveolar lavage)	<input type="radio"/> BL ¹ (blood)	<input type="radio"/> BW (bronchial wash)
<input type="radio"/> CSF (cerebrospinal fluid)	<input type="radio"/> GW (gastric wash)	<input type="radio"/> PF (pleural fluid)
<input type="radio"/> SPT (sputum)	<input type="radio"/> TISS ² (tissue) from.....	<input type="radio"/> URI (urine)
<input type="radio"/> ETC.	VOLUME..... ml. (cm ³)	

Note: 1. blood with EDTA, at least 5 ml 2. Tissue size 1 cm³

Clinical signs and/or symptoms: Please choose

RESPIRATORY	SIGN	<input type="radio"/> CREPITATION	<input type="radio"/> WHEEZE	<input type="radio"/> DIMINISHED BREATH SOUND
	SYMPTOMS	<input type="radio"/> COUGH	<input type="radio"/> HEMOPTYSIS	<input type="radio"/> CHEST PAIN
		<input type="radio"/> PLEURITIC PAIN	<input type="radio"/> DYSPNEA	<input type="radio"/> OTHER.....

NEURO	SIGN	<input type="radio"/> HEMIPLEGIA	<input type="radio"/> FOCAL SIGNS	<input type="radio"/> MENINGEAL SIGNS
	SYMPTOMS	<input type="radio"/> HEADACHE	<input type="radio"/> IRRITABLY	<input type="radio"/> VORMITING AFTER MENTATION
		<input type="radio"/> RESTLESSNESS	<input type="radio"/> NAUSES	<input type="radio"/> OTHER.....

SYSTEMIC SYMPTOMS	SYMPTOMS	<input type="radio"/> FEVER	<input type="radio"/> ANOREXIA	<input type="radio"/> WEIGHTLOSS
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