NTS-02

ទម្រង់បញ្ជូនសំណាក Specimen Referral Form

កន្លែងផ្ញើ / Sending Facility

Sending Site Name: ______________________________

No. specimens shipped: ___________

Date and time of sending: ___/___/_____ ___:___

Signature: ______________________________________

មន្ទីរពិសោធន៍បង្អែក / Receiving Laboratory

Laboratory Name: ______________________________

No. specimens received: ___________

Date and time of receiving: ___/___/_____ ___:___

Signature: ______________________________________

ល.រ	លេខកូដ សំណាក	ប្រភេទសំណាក	ប្រភេទតេស្តដែលបានស្នើសុំ																																		
			HIV VL	TB Genexpert																																	
No.	Sample ID	Specimen Type	Type of Test Requested																																		
			HIV VL	TB Genexpert																																	