

5.4.3 → Request form information

- Patient identification - Name
Gender
Date of birth
location/contact details
Unique identifier
(Hospital or personal health number)
- name / ^{other} unique identifier of - clinician /
- healthcare provider /
- person legally authorized to request examination / use medical information

+
Destination for report & contact details

- Primary Sample - type
- Anatomic site of origin
- Examination requested
- primary sample collection date & time
- Date & time of sample receipt.
- Clinically relevant information

↓
about patient & request → for ^{request} examination & performance & result interpretation purposes.

↓
Include - patient ancestry
Family history
Travel & exposure history
Communicable disease

Financial information for billing purpose
financial audit
Resources management
utilization reviews

- patient should be aware

↓
of information collected
purpose for which it is collected.

- Type of request - electronic / paper

↓
determined by users of
laboratory services