



**HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Document Code: HSAAS/PATO/BR144**

FULL BLOOD PICTURE REQUEST FORM

PATIENT'S DETAIL		
NAME:	MRN:	AGE:
IC:	GENDER:	RACE:
WARD/CLINIC:	DEPARTMENT:	
DATE OF CURRENT ADMISSION:	DATE OF PREVIOUS HOSPITALISATION (if any):	
CURRENT DIAGNOSIS:		
INDICATION OF TEST:		
CLINICAL EXAMINATION		
History of presenting illness:		
.....		
.....		
Any previous exposure to drugs/chemicals which may have induced aplasia, haemolysis:		
Any family history of anemia or bleeding:		
Any hematinics (Fe, Vit B Complex, Folic acid, Vit B12):		
Any history of blood transfusion? When?		
Physical findings:		
Any jaundice?	
Lymphadenopathy?	
Splenomegaly?	
Hepatomegaly?	
Bleeding tendency (eg purpura)?	
Other findings?	
Laboratory data:		
Hb	TWBC	Platelet
Retic	Se Urea	Se Bilirubin
LDH	LFT	
Others		
Date of collection of specimen:	Signature of Doctor: Name & Stamp:	