# MEDICAL ENTOMOLOGY LABORATORY IDENTIFICATION REQUEST FORM

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>Client Information-Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>DOB:</td>
<td>Practice/Lab name:</td>
</tr>
<tr>
<td>Gender:</td>
<td>Address:</td>
</tr>
<tr>
<td>Patient ID:</td>
<td>Tel No:</td>
</tr>
<tr>
<td>Address:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

### Details about the patient

**Symptoms:**

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**Any travel history:**

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### Details about the sample

**Nature of the sample:**

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**From where was sample collected:**

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### Comments/Suggestions:

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### Details of the referring General Practitioner:

**Name of the GP:**

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**Contact phone number:**

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**Address:**

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**Email:**

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**Name:**

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**Date:**