

Lipase Blood Test Request Form

Patient Information

- **Patient Name:**
- **Date of Birth:**
- **Gender:**
- **Address:**
- **Phone:**
- **Email:**

Healthcare Provider Information

- **Provider's Name:**
- **Address:**
- **Phone:**
- **NPI or ID:**

Collection Details

- **Date of Blood Sample Collection:**
- **Time of Collection:**

Medical History

- **Medical History and Clinical Information:**

- **Relevant Symptoms:**
- **Medications:**
- **Prior Diagnoses:**

Test Request

Reason for Lipase Blood Test:

Consent

- **Patient's Signature:**
- **Consent Obtained:**

Blood Sample Collection

- **Procedure for Blood Sample Collection:**
- **Venipuncture Site:**
- **Additional Instructions:**

Labeling

Label the Blood Sample Container with the Patient's Information

Shipping and Handling

Instructions for Packaging and Sending Blood Samples to the Laboratory:

Comments/Notes

Additional Comments or Special Instructions: