

ORAL PATHOLOGY LABORATORY , HOSPITAL PAKAR UNIVERSITI SAINS MALAYSIA

BORANG PERMOHONAN IMEJ FOTOMIKROGRAF

Request Form for Photomicrographic Image

Maklumat Pemohon/ Requester's Information	Nama Pemohon/ : <i>Name of Requester</i>		
	<input type="checkbox"/> <i>Staff</i>	<input type="checkbox"/> <i>Student</i>	<input type="checkbox"/> <i>External</i>
	Jawatan/Designation:		
	Unit/Department :		
	Nombor Telefon/Phone Number:		Emel/email:
Maklumat Pesakit/ Patient's Information	Lab Number:	RN:	Diagnosis:
Tujuan/Purpose *Sila sertakan lampiran jika ruang tidak mencukupi/ <i>Please include attachments if space is insufficient</i> *Syarat Permohonan/ Application Terms: Permohonan hendaklah dibuat selewat-lewatnya 2 minggu sebelum diperlukan/ <i>Applications must be made at least 2 weeks before the items are required.</i>	<input type="checkbox"/> Publication <i>(please attach a copy of the draft and include the pathologist involved as a co-author):</i> <ul style="list-style-type: none"> Name of journal/publication: 		
	<input type="checkbox"/> Oral/Poster Presentation <i>(please attach a copy of the draft and include the pathologist involved as a co-author):</i> <ul style="list-style-type: none"> Name of event/date: 		
	<input type="checkbox"/> Final Year Case Report <i>(case will be discussed with the pathologist involved)</i> <ul style="list-style-type: none"> Suggested date for discussion: 		
	<input type="checkbox"/> Others <i>(please specify):</i>		
Cop Rasmi dan Tandatangan Pemohon/ Stamp & Signature of Requester		Tarikh/ <i>Date</i>	

Untuk Kegunaan Makmal/For Laboratory Use	
Pakar Patologi Mulut yang Bertanggungjawab/ <i>Oral Pathologist in charge of the case</i>	Nama OP / <i>Name of OP</i> : Komen/ <i>Comment</i> : Tarikh/ <i>Date</i> :
Pengesahan Penyelaras Makmal/ <i>Approval by the Lab Coordinator</i>	DILULUSKAN / TIDAK DILULUSKAN (APPROVED / NOT APPROVED) <i>*Komen (Jika tidak diluluskan) / Comment if not approved</i> Komen/ <i>Comment</i> : Tandatangan Penyelaras Makmal/ <i>Lab Coordinator's Signature</i> : Tarikh/ <i>Date</i> :

Rekod Penyerahan / Handover Records

Staf Makmal yang Bertanggungjawab :

Laboratory Staff In-charge

Tarikh/*Date* :

Nama Penerima/*Recipient's Name* :

Tarikh/*Date*: