

ORAL PATHOLOGY LABORATORY , HOSPITAL PAKAR UNIVERSITI SAINS MALAYSIA

BORANG PERMOHONAN SALINAN LAPORAN DAN DATA PESAKIT

Application of Copy Report And Patient Data

Nama Pemohon / <i>Name of Requester</i>			
Jawatan / <i>Designation</i>	<input type="checkbox"/> Staff : (Position :)	<input type="checkbox"/> Student <input type="checkbox"/> Outsider
Unit / <i>Department</i>			
Tarikh / <i>Date</i>			
Nombor Telefon / <i>Phone Number</i>			
Tujuan / <i>Purpose</i> *Sila nyatakan tajuk dan ringkasan tujuan / <i>Please indicate the title and a brief summary of the purpose</i> *Sila Sertakan lampiran jika ruang tidak mencukupi / <i>Please include attachments if space is insufficient</i>	<input type="checkbox"/> Diagnostik / <i>Diagnostic</i> :		
	<input type="checkbox"/> Penyelidikan/<i>Research</i> :		
	<input type="checkbox"/> Lain-lain / <i>Others</i>:		

Syarat Permohonan

1. Setiap satu permohonan hanya dihadkan kepada 10 item sahaja.
2. Permohonan hendaklah dibuat selewat-lewatnya 2 hari sebelum diperlukan.

Application Term

1. Each application is limited to only 10 items.
2. Applications must be made at least 2 days before the items are needed.

