



*Dr Lal Path Labs Pvt Ltd*

National Reference Laboratory : Sector 18, Block E, Rohini, New Delhi 110 085

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**Test Send Out Consent Form**

**Lab No.:**

To,  
THE DIRECTOR  
DR. LAL PATHLABS PVT. LTD.  
SECTOR 18, BLOCK E, ROHINI,  
NEW DELHI 110 085  
PHONE : 011-3040 3210

Dear Sir/Madam,

I request you to kindly get the following diagnostics tests done on my behalf at **Referral Laboratory, USA**. My doctor's prescription is enclosed/ not enclosed.

TEST:

**(I have been explained that the report will be available after 2-3 weeks of dispatch of consignment)**

Thanking you

Yours truly

Name:

Date of Birth (Mandatory):

Phone:

Date:

**Important: In case of non-availability of Date of Birth of the patient a system generated Date of Birth will be used for registration at the send out laboratory.**

(Name & Signature of Patient)

Dated:

Phone.