

Department Code-U & I MTRF SERIAL NO-101172

MEDICAL TEST REQUEST FORM [MTRF]

Proposal No. :	Office Name : Head Office
MTRF Date :	MTRF Valid Upto :

Proposed Insured/Agent Particulars

Name: Mr./Mrs./Ms.	Advisor Name:
Age: Sex:	Agent Tel. No. :
Telephone No.:	

Diagnostic Center Details

Name of Medical Centre :	
Address :	
Date of Appointment :	Time of Appointment

Tests Required

1. Medical Examination Report (MER) <input type="checkbox"/>	2. Urine Analysis <input type="checkbox"/>
3. ECG (Resting) <input type="checkbox"/>	4. Stress ECG <input type="checkbox"/>
5. HIV Test 1& 2 with Hepatitis B & C serology <input type="checkbox"/>	6. PSA <input type="checkbox"/>
7. Blood Test One (BT 1)* <input type="checkbox"/>	8. Blood Test Two (BT 2)* <input type="checkbox"/>
9. Other <input type="checkbox"/>	

*All Blood Tests are to be done 10-12 hours fasting.

Authorised Signatory

INSTRUCTIONS TO ALL LABORATORY TECHNICIANS:

- Please ensure that all details regarding the customer and agent have been correctly entered in the MER form and reports.
- Please check the customer's identity proof, number and signature and enter the same on the MTRF form.
- Please quote customer's name and proposal number on all the reports.
- Please attach a copy of the ID proof carried by the customer along with the reports dispatched by the lab.

INSTRUCTIONS FOR CUSTOMERS:

- Kindly carry original and a photocopy of a Passport/ Driving license/ Emirates I.D card/Labor card along