

**INSTITUTE FOR MEDICAL RESEARCH, KUALA LUMPUR**

Lab. No.

**PATHOLOGICAL SPECIMENS***This form to accompany all specimens for examination except Police exhibits (Form Police 31)*

Hospital	Town	Reg. No
Name	Age	Occupation
Sex	Nationality	Date admitted
Length of residence in Malaya	Disease suspected	
Date of onset	Date specimen collected	
Results of previous Wassermann, or other blood examination (if any)		
Clinic Summary and Treatment		

Nature of specimen

Examination required

Date

*Signed.*

**NOTE—** In the case of specimens obtained from post-mortem, the autopsy findings should be included with the clinical summary.