



WORK SHEET

Laboratory:

Name of Test:

Job No. : _____

Date of test: _____

Type of sample : _____

Data of sample:

Calculations/Picture:

Remarks (if any): _____

Analysed by:

.....
Name:
Designation: Competent Personnel
Faculty of Medicine and Health Sciences
UPM
Date:

Checked by / Verified by:

.....
Name:
Designation: DTM / TM / AS
Faculty of Medicine and Health Sciences
UPM
Date: