

**INTERNATIONAL CENTRAL GOSPEL CHURCH
MEDICAL LABORATORY REQUEST FORM**

Date.....

Dear
PROF/DR/OTHER).....
(Healthcare Professional)

I kindly request that you carry out the following tests for the benefit of the individuals named below as part of their pre-marriage counseling program. Please discuss with them any test results that raise concerns.

Thank you for your co-operation.



**Rev. Christopher Yaw Annor
Pastor-in-Charge**

A. Name: (Male Counselee).....

- 1. Blood Tests
 - a) Group
 - b) Sickle
 - c) HIV/STD
- 2. Hepatitis B

B. Name: (Female Counselee).....

- 1. Blood Tests
 - a) Group
 - b) Sickle
 - c) HIV/STD
- 2. Hepatitis B
- 3. Pregnancy Test

COMMENTS:

Do any of the test results raise concerns regarding either individual's health (Please note)

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Do any of the test results raise concerns regarding the health of potential children?

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Name:.....Signature:.....Tel No:.....
(Prof/Dr/Health Professional)

Attention Healthcare Professional: Please return this report form to the counselees for their reference