

Alfred I. DuPont Hospital for Children  
Gastroenterology Lab, RCI Building, Room 211  
1600 Rockland Road, Wilmington, DE 19803



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**Gastroenterology Laboratory Test Requisition**

Patient Name: \_\_\_\_\_ Medical Record#: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Specimen Date: \_\_\_\_\_