

LABORATORY INVESTIGATION FORM

Please bring along the Lab request form AND your Identity Card / Work Pass / Social Visit / Dependent's Pass / Birth Certificate / Passport or any legal documents by Immigration Department for verification during registration

Name:		Date of Birth : (dd/mm/yyyy)		Clinic Stamp:		
NRIC:		Gender: Male / Female				
Contact No:	Date of Request:	<input type="checkbox"/> STAT <input type="checkbox"/> Routine				
Relevant History/ Findings:			Clinical Diagnosis <input type="checkbox"/> Screening <input type="checkbox"/> Diagnosis		Ordering Doctor Stamp: MCR, Name and signature	
Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Others _____			Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No		Payment <input type="checkbox"/> Cash <input type="checkbox"/> Bill Clinic	Report <input type="checkbox"/> Patient to self-collect <input type="checkbox"/> Dispatch to clinic
Common Panel Tests						
<input type="checkbox"/> ACEI/ARB Panel ⁵ (K, Cre)	245	<input type="checkbox"/> Diabetes Monitoring (HbA1c, Renal, ACR, LDLM)	376	<input type="checkbox"/> Iron Panel with Ferritin (Fe, Transferrin, Ferritin)	379	
<input type="checkbox"/> Calcium Panel ² (Calcium, Albumin, Corrected Calcium)	338	<input type="checkbox"/> Electrolytes Panel (K, Na) ⁵ (K, Na)	024	<input type="checkbox"/> Kidney Function Panel ^{2,5} (K, Na, Cre, Ure, Cl)	293	
<input type="checkbox"/> Cardiovascular Risk Screening (HbA1c, Lipid)	350	<input type="checkbox"/> Hepatitis B Screen (Anti-HBs, HbsAg)	LHPS1 / 025]	<input type="checkbox"/> Lipid Panel (Chol, LDLM, TG, HDL)	334	
<input type="checkbox"/> Diabetes Monitoring ¹ (HbA1c, Renal, ACR, Lipid)	369	<input type="checkbox"/> Hypertensive Panel ^{1,5} (Glu, Renal, ACR, LFT, Lipid)	368	<input type="checkbox"/> Liver Function Test (ALT, AST, ALP, ALB, GL, TP, TBIL)	022	
Individual Tests						
<input type="checkbox"/> Full Blood Count ³	009	<input type="checkbox"/> OGTT (2 points) ^{1, 4}	103	<input type="checkbox"/> TSH	084	
<input type="checkbox"/> Fungus smear ³	095	<input type="checkbox"/> OGTT (3 points) ^{1, 4}	317	<input type="checkbox"/> Urine Culture ⁵	092	
<input type="checkbox"/> Glucose, capillary ^{3, 4}	001	<input type="checkbox"/> Pre and post bronchodilator spirometry ⁴	242	<input type="checkbox"/> Urine Microscopy ^{3, 5}	102	
<input type="checkbox"/> Glucose, venous ²	049	<input type="checkbox"/> Prothrombin Time (PTINR) ^{3, 4, 5, 6}	012	<input type="checkbox"/> 12 lead ECG ^{3, 4}	015	
<input type="checkbox"/> HbA1c ³	004	<input type="checkbox"/> Thyroxine, Free (FT4)	083	<input type="checkbox"/> 25-Hydroxy Vitamin D	276	
Others (please specify test name):						
Phlebotomist (Initial/Date) Collection Time:			Results Med Tech: (Initial/Date)			

¹Fasting required (8 to 12 hours fasting) ² For GP referral, test is acceptable only Mon to Fri before 11.30am
³Test result available within an hour ⁴NA for lab processing service ⁵Time sensitive test ⁶ See specimen special instructions
HOTLINE: 6355 3000