

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

LB

Name:		Date of Birth: (dd/mm/yyyy)	Clinic Stamp:
NRIC:		Gender: Male / Female	
Contact No:	Date of Request:	Date of Test to be Performed: STAT / Routine (please circle)	
Relevant History / Findings:		Clinical Diagnosis Screening / Diagnosis	Ordering Doctor Stamp: MCR, Name and signature
Test Type Blood / Urine / Others _____		Fasting Yes / No	Payment Cash / Bill Clinic
			<input type="checkbox"/> Report patient to self-collect <input type="checkbox"/> Report to dispatch to clinic <input type="checkbox"/> Report to fax to clinic

Please circle the test code for test(s) required

Diabetes / Hypertension / Hyperlipidaemia		Kidney / Renal		Hepatitis		Single Test	
319	Diabetes Monitoring (with ACR) ¹	247	ACEI/ARB Panel (K, Cre)	066	Anti-HAV (IgM)	137	Aldolase
004	HbA1c ³	156	Bicarbonate	124	Anti-HAV, Total	141	Aluminium
001	Glucose, capillary ³	044	Creatinine	067	Anti-HBc (IgM)	142	Amikacin
049	Glucose, venous ²	107	Chloride	257	Anti-HBc, Total	143	Ammonia, Plasma
318	Hypertensive Panel (with ACR) ¹	024	Electrolytes (K, Na)	068	Anti-HBs	038	Amylase
031	Lipid Panel ¹	293	Kidney Function Panel	126	Anti-HBe	230	Anti-ds-DNA
103	OGTT (2 points) ¹	256	Potassium ²	125	Anti-HCV	213	Anti-Mitochondrial
317	OGTT (3 points) ¹	255	Sodium ²	174	Anti-Hepatitis E IgG	072	Anti-Nuclear Antibody
Haematology		054	Urea	175	Anti-Hepatitis E IgM	073	Anti-Streptolysin O Titre
118	ABO and RH Blood Grouping	Urine		069	HBsAg	082	Anti-Thyroglobulin
108	APTT ²	246	Albumin-Creatinine Ratio	070	HBsAg	081	Anti-Thyroid Peroxidase
011	ESR ³	61	Amylase, Urine (Diastase)	026	Hepatitis Carrier Screen	042	Calcium ²
009	Full Blood Count ³	145	Bence Jones Protein	025	Hepatitis B Screen	160	Copper
012	Prothrombin Time (PTINR) ³	006	Dipstick, Urine ³	Liver Function		149	C-Reactive Protein
109	Reticulocytes	187	Osmolality, Urine	022	Liver Function Test	043	Creatine Kinase
032	Thalassaemia Screen (Stage II) ²	130	Potassium, Urine	023	Liver Function Test II	045	Ferritin
Hormones		245	Protein-Creatinine Ratio	033	Alanine Transaminase	217	Fibrinogen
136	Adrenocorticotrophic Hormone	131	Sodium, Urine	034	Albumin / Total Protein	046	Folate
138	Aldosterone	102	Urine FEME³	036	Alpha-fetoprotein	168	Folate, RBC
162	Cortisol	120	Urine Phase Contrast	037	Alkaline Phosphatase	170	Fructosamine
166	Estrogen	008	Urine Pregnancy, HCG³	035	Aspartate Transaminase	219	G6PD Quantitative
169	Follicular Stimulating Hormone			039	Bilirubin, Direct	254	HLA-B*1502 Genotyping
173	Growth Hormone		24 Hours (Vol: _____ ml)	040	Bilirubin, indirect	176	Homocystine
183	Luteinising Hormone	157	Chloride (24hr ur)	041	Bilirubin, Total	132	Insulin
188	Parathyroid Hormone Intact	62	Creatinine Clearance Test (24hr ur)	005	Bilirubin, Paeds³	178	Insulin-Like Growth Factor 1
193	Progesterone	63	Microalbumin (24hr ur)	047	Gamma-Glutamyl Transferase	051	Iron
194	Prolactin	64	Protein, Total (24hr ur)	Infectious Disease		181A	Iron-TIBC Saturation
198	Renin	223	Urea (24hr ur)	029	Antenatal Screen	312	Ketone, capillary³
204	Testosterone	Stool		101		182	Lactate
205	Thyroglobulin	097	Faecal Fat	071	Anti-HIV	050	Lactate Dehydrogenase
199	Thyroxine	167	Fat Globules	127	Dengue Screen Panel	235	Lithium ²
83	Thyroxine, Free (FT4)	099	Rotavirus	320	Dengue IgG	184	Magnesium
84	TSH	091	Stool Culture	226	Measles IgG	186	Osmolality, serum
85	TSH Receptor Antibody	093	Stool FEME	227	Measles IgM	052	Phosphate
202	T3, Free	098	Stool Occult Blood	228	Mumps IgG	195	Prealbumin
119	T3, Total	Culture		229	Mumps IgM	121	RBC Cholinesterase
Cancer Markers		087	Gonococcus Culture	077	Rubella IgG	076	Rheumatoid Factor
152	CA 19-9	090	High Vaginal Swab Culture	078	Rubella IgM	122	Transferrin
153	CA 50	088	Respiratory Culture	079	Syphilis Screen	055	Uric Acid
112	CA 125	092	Urine Culture	207	Toxoplasma IgG	211	Valproic Acid ²
151	CA 15-3	089	Wound Aerobic Culture	208	Toxoplasma IgM	056	Vitamin B12
111	Carcinoembryonic Antigen	Microscopy		249	Varicella-Zoster IgG	276	25-Hydroxy Vitamin D
110	Prostate Specific Antigen	094	Acid Fast Bacilli Smear	ECG / Spirometry		214	Zinc
200	Squamous Cell Carcinoma Antigen	095	Fungus smear³	015	12 lead ECG³		
Drugs		013	High Vaginal Swab smear³	241	Spirometry (Pre) – polyclinics only		
133	Acetaminophen	010	Malaria Parasite Screen	242	Spirometry (Pre Post) – polyclinics only		
057	Carbamazepine ²	106	Peripheral Blood Film³	Phlebotomist (Initial/Date)		Results	
058	Digoxin ²	Others (Please specify):		Collection Time:		Med Tech: (Initial/Date)	
172	Gentamicin						
117	Phenobarbitone ²						
059	Phenytoin ²						
060	Theophylline						
212	Vancomycin, Trough						

¹ Fasting required (8 to 12 hours fasting)
HOTLINE: 62756443

² For GP referral, test is acceptable only Mon to Fri before 11.30am

³ Test result available within an hour