



KK Women's and  
Children's Hospital  
SingHealth

**DNA DIAGNOSTIC AND RESEARCH LABORATORY**  
GENETICS SERVICE

**INFORMATION REQUIRED FOR ALL EXTERNAL REQUESTS FOR DNA TESTS**

**Requesting Doctor\***

Name: \_\_\_\_\_  
Speciality:  Paediatrics  Neurology  Obstetrics & Gynae  
 Haematologist  GP  Genetic counsellor  
 Others: \_\_\_\_\_  
Name of Clinic: (If applicable) \_\_\_\_\_  
Address: \_\_\_\_\_

**Patient's data / label**

Name: \_\_\_\_\_  
I/C or PP: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Sex: M/F

Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Billing information**

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_

Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Sample information**

Specimen type: \_\_\_\_\_  
Date obtained: \_\_\_\_\_  
Date despatched: \_\_\_\_\_

**Despatch to:**

DNA Diagnostic and Research Laboratory  
Basement 1, Laboratory  
Children's Tower  
KK Women's and Children's Hospital Pte. Ltd.  
100, Bukit Timah Road  
SINGAPORE 229899

**Operating hours (except public holidays)**

Monday to Friday: 8.30am to 5.30pm  
Saturdays: Please call to enquire

**Enquiries**

Tel: (65) 6394 1395/6  
Fax: (65) 6394 1397

**\*DNA test report will be sent to the requesting doctor based on this information. A memo will be sent to the handling lab notifying despatch of report.**

**Terms and conditions:**

1. Requestor shall indemnify KKH from and against any third party claim and/or liability arising from any act or omission (including negligence) by Requestor relating to or in connection with this request for laboratory service(s).
2. To the fullest extent permitted by applicable law, KKH's total liability to Requestor arising from or in connection with this request for service shall not exceed, in the aggregate, the amount equivalent to the total fee received by KKH from Requestor for the service.