



Department/Speciality: _____

Ward/Bed: _____ Clinic: _____ Class: _____

Biochemical Genetics	
Patient's name label	
(For Downtime Use)	
Name: _____	
MRN: _____	
Account Number: _____	
Date of Birth: _____	
Sex: M / F (Circle one)	

Patient Type <input type="checkbox"/> Gynae <input type="checkbox"/> Obst <input type="checkbox"/> Neo <input type="checkbox"/> Medicine <input type="checkbox"/> Surgery	Relevant History/ Findings/ Treatment	Laboratory Barcode
Clinical Diagnosis		For Laboratory Use Only
Name & Signature of Requesting Doctor Pager / Contact no. (indicate if urgent) Name of Consultant I/C Date	Type of Specimen - Please use one form per specimen type <input type="checkbox"/> Urine, Random <input type="checkbox"/> Sweat <input type="checkbox"/> Blood (LiHep) <input type="checkbox"/> Blood (Plain) <input type="checkbox"/> CSF <input type="checkbox"/> Others: Pls specify _____	Date & Time Specimen Taken Date _____ Time _____ am / pm

Please tick () appropriate boxes below

PLEASE NOTE THAT TO REQUEST URGENT ANALYSIS YOU MUST CALL THE LAB AT EXT 8728/5049.

WRITING ON THE FORM IS **NOT** SUFFICIENT**URINE TESTS (Fresh random sample, no preservative.)**

BC6010U	<input type="checkbox"/> Amino Acids, urine	3mL fresh urine, no preservative. Send with a separate ice pack.
BC6090	<input type="checkbox"/> GAG electrophoresis, urine	5 to 10mL fresh urine (3 mL is the absolute minimum), no preservative. Send with a separate ice pack. For diagnosis of Mucopolysaccharide disorders.
BC6180U	<input type="checkbox"/> Methylmalonic Acid Quantitative, urine	3 to 10mL fresh urine, no preservative. Send with a separate ice pack.
BC6150U	<input type="checkbox"/> Organic Acids, urine	3 to 10mL fresh urine, no preservative. Send with a separate ice pack.
BC6160U	<input type="checkbox"/> Orotic Acid Quantitative, urine	3 to 10mL fresh urine, no preservative. Send with a separate ice pack.

BLOOD TESTS (Lithium heparin tube)

BC6010	<input type="checkbox"/> Amino Acids - Full Quantitation	1mL Lithium Heparin Tube. Send directly to the lab as specimen should ideally be separated within 1hr of sampling. Send with a separate ice pack.
BC6020	<input type="checkbox"/> Amino Acids - Part Analysis	1mL Lithium Heparin Tube. Send directly to the lab as specimen should ideally be separated within 1hr of sampling. Send with a separate ice pack.
BC6050	<input type="checkbox"/> Gal-1-Phosphate-Uridyl Transferase	0.5mL Lithium Heparin Tube. Send with a separate ice pack.
BC6461	<input type="checkbox"/> Sterol Analysis	1mL Lithium Heparin Tube, keep away from direct sunlight. Send directly to the lab. Send with a separate ice pack. Includes 7 dehydrocholesterol, cholestanol, phytosterols.
BC6462	<input type="checkbox"/> VLCFA, Phytanic Acid & Pristanic Acid, plasma / Peroxisomal Disorders Panel	1mL Lithium Heparin Tube. Send directly to the lab. Send with a separate ice pack.
BC6070	<input type="checkbox"/> Acylcarnitines, plasma	1mL Lithium Heparin Tube. Send with a separate ice pack.

CSF TESTS (Plain sterile container, no preservative)

BC6010F	<input type="checkbox"/> Amino Acids, CSF	200µL (no preservative), send with a paired plasma sample (collected within an hour) as interpretation, particularly in the case of nonketotic hyperglycaemia (NKHG) requires comparison with plasma concentrations. Send with a separate ice pack.
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SWEAT TEST (Plain microtube)

BC6501	<input type="checkbox"/> Sweat Chloride	50-85µL sweat. Contact Allergy and Respiratory Laboratory for sample collection at 6394 2130.
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BLOOD TEST (Plain blood tube)

BC6502	<input type="checkbox"/> Serum CAH/Steroid Panel (LC/MSMS)	Adult – 2mL plain blood in gel separator tube. Paediatric – 3 microtubes plain blood. Send directly to the lab as specimen should ideally be separated within 1hr of sampling. Send with a separate ice pack.
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 Others: pls specify _____