

**HAEMATOLOGY / COAGULATION**

Patient's Name Label

(For Downtime Use)

Name:

MRN:

Account Number:

Date of Birth:

Sex: M / F (Circle One)

Ward/Bed: \_\_\_\_\_ Clinic: \_\_\_\_\_ Class: \_\_\_\_\_

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Patient Type</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:20%;">Gynae</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">Obst</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">Neo</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>Medicine</td> <td><input type="checkbox"/></td> <td>Surgery</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="7">Clinical Diagnosis</td> </tr> <tr> <td colspan="7">Name &amp; Signature of Requesting Doctor</td> </tr> <tr> <td colspan="7">Hp / Contact No (indicate if urgent)</td> </tr> <tr> <td colspan="7">Name of Consultant I/C</td> </tr> <tr> <td colspan="7">Date</td> </tr> </table>	Patient Type	<input type="checkbox"/>	Gynae	<input type="checkbox"/>	Obst	<input type="checkbox"/>	Neo		<input type="checkbox"/>	Medicine	<input type="checkbox"/>	Surgery	<input type="checkbox"/>		Clinical Diagnosis							Name & Signature of Requesting Doctor							Hp / Contact No (indicate if urgent)							Name of Consultant I/C							Date							<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Relevant History/Findings/Treatment</td> <td style="width:50%;">Laboratory Barcode</td> </tr> <tr> <td colspan="2" style="text-align: center;">For Laboratory Use Only</td> </tr> <tr> <td colspan="2">Specimen Taken By</td> </tr> <tr> <td colspan="2">Date &amp; Time Specimen Taken</td> </tr> <tr> <td>Date</td> <td>Time am/pm</td> </tr> </table>	Relevant History/Findings/Treatment	Laboratory Barcode	For Laboratory Use Only		Specimen Taken By		Date & Time Specimen Taken		Date	Time am/pm
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Please (tick) appropriate boxes below																																																												
ROUTINE HAEMATOLOGY				ROUTINE COAGULATION																																																								
HA0033	<input type="checkbox"/>	Full Blood Count (FBC)																																																										
HA0033H	<input type="checkbox"/>	Full Blood Count (for husband / partner)																																																										
HA0062	<input type="checkbox"/>	FBC with Thalassemia Screen (FBC with PBF, Hb Electrophoresis include HbH Inclusion Bodies)																																																										
HA0062H	<input type="checkbox"/>	FBC with Thalassemia Screen (for husband/ partner) (FBC with PBF, Hb Electrophoresis include HbH Inclusion Bodies)																																																										
HA0102	<input type="checkbox"/>	Hb Electrophoresis																																																										
HA0102H	<input type="checkbox"/>	Hb Electrophoresis (for husband / partner)																																																										
HA0250	<input type="checkbox"/>	White Blood Cells Count (WBC)																																																										
HA0101	<input type="checkbox"/>	Haemoglobin (Hb)																																																										
HA0192	<input type="checkbox"/>	Platelet Count																																																										
HA0201	<input type="checkbox"/>	Reticulocyte Count																																																										
HA0034	<input type="checkbox"/>	Peripheral Blood Film (PBF)																																																										
HA0190	<input type="checkbox"/>	Malarial Parasite, blood film																																																										
HA0103	<input type="checkbox"/>	Haemoglobin H Inclusion Bodies																																																										
HA0130	<input type="checkbox"/>	Kleihauer Betke Test																																																										
HA0220	<input type="checkbox"/>	Erythrocyte Sedimentation Rate (ESR)																																																										
HA0050	<input type="checkbox"/>	Differential Count for Body Fluid Specimen Type: _____																																																										
HA0055	<input type="checkbox"/>	Blast Cells, CSF																																																										
HA0104	<input type="checkbox"/>	Plasma Haemoglobin (for ECMO)																																																										
HA0061	<input type="checkbox"/>	Dengue Virus NS1 Antigen and IgG / IgM Antibodies																																																										
SPECIALISED TEST																																																												
HA0036	<input type="checkbox"/>	Bone Marrow Aspirate Examination																																																										
HA0353	<input type="checkbox"/>	Bone Marrow Immunophenotyping																																																										
HA0352	<input type="checkbox"/>	CD34 HSC Enumeration																																																										
HA0040	<input type="checkbox"/>	CD4/CD8 Assay																																																										
IH0072	<input type="checkbox"/>	HLA ABC																																																										
IH0074	<input type="checkbox"/>	HLA typing B27																																																										
IH0073	<input type="checkbox"/>	HLA-DR, blood																																																										
HA0170	<input type="checkbox"/>	NBT Test																																																										
HA0355	<input type="checkbox"/>	VNTR Analysis (Donor)																																																										
HA0355	<input type="checkbox"/>	VNTR Analysis (Recipient)																																																										
SPECIALISED TEST (in-house)																																																												
HT0214	<input type="checkbox"/>	STR Chimerism Analysis*																																																										
HT0217X	<input type="checkbox"/>	CD3 STR Chimerism Analysis																																																										
* Please accompany a matching form for baseline sample																																																												
CYTOCHEMICAL STAINS																																																												
HA0035	<input type="checkbox"/>	Bone Marrow Differential																																																										
HA0231	<input type="checkbox"/>	PAS, blood																																																										
HA0231	<input type="checkbox"/>	PAS, bone marrow																																																										
HA0232	<input type="checkbox"/>	Peroxidase, blood																																																										
HA0232	<input type="checkbox"/>	Peroxidase, bone marrow																																																										
HA0230	<input type="checkbox"/>	Sudan Black, blood																																																										
HA0230	<input type="checkbox"/>	Sudan Black, bone marrow																																																										
SPECIALISED COAGULATION																																																												
CG0010	<input type="checkbox"/>	Anti Thrombin III																																																										
CG0040	<input type="checkbox"/>	D-Dimer Quantitation																																																										
CG0066	<input type="checkbox"/>	Factor VIII Circulating Inhibitor																																																										
CG0061	<input type="checkbox"/>	Factor V Assay																																																										
CG0142	<input type="checkbox"/>	Factor V Leiden																																																										
CG0062	<input type="checkbox"/>	Factor VII Assay																																																										
CG0063	<input type="checkbox"/>	Factor VIII Assay																																																										
CG0064	<input type="checkbox"/>	Factor VIII Assay Antigen Activity																																																										
CG0075	<input type="checkbox"/>	Factor VIII Assay Chromogenic																																																										
CG0076	<input type="checkbox"/>	Factor VIII Inhibitor Chromogenic																																																										
CG0067	<input type="checkbox"/>	Factor IX Assay																																																										
CG0074	<input type="checkbox"/>	Factor IX Inhibitor																																																										
CG0068	<input type="checkbox"/>	Factor X Assay																																																										
CG0069	<input type="checkbox"/>	Factor XI Assay																																																										
CG0070	<input type="checkbox"/>	Factor XII Assay																																																										
CG0071	<input type="checkbox"/>	Factor XIII Assay																																																										
CG0030	<input type="checkbox"/>	Lupus Anticoagulant																																																										
CG0144	<input type="checkbox"/>	Protein C (Functional)																																																										
CG0112	<input type="checkbox"/>	Protein S (Functional)																																																										
CG0060	<input type="checkbox"/>	Prothrombin Assay																																																										
CG0130	<input type="checkbox"/>	Reptilase Time																																																										
CG0115	<input type="checkbox"/>	Von Willebrand Factor Activity Assay																																																										
CG0118	<input type="checkbox"/>	Soluble Fibrin Monomer																																																										
CG0065	<input type="checkbox"/>	Von Willebrand Factor Antigen																																																										
PLATELET FUNCTION (Call 63214629 for Appointment)																																																												
CG0102	<input type="checkbox"/>	Platelet Aggregation Test (ADP)																																																										
CG0143	<input type="checkbox"/>	Platelet Aggregation Test (Arach Acid)																																																										
CG0103	<input type="checkbox"/>	Platelet Aggregation Test (Collagen)																																																										
CG0104	<input type="checkbox"/>	Platelet Aggregation Test (Epinephrine)																																																										
CG0105	<input type="checkbox"/>	Platelet Aggregation Test (Ristocetin)																																																										
<input type="checkbox"/> Others: Please specify : _____																																																												