KK Women's and Children's Hospital
SingHealth

☐ For outpatient use only - waiting for results

UEN: 198904227G

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:___

Patient Type	☐ Gynae ☐ Obst ☐ Neo ☐ Medicine ☐ Surgery	Relevant History/Findings/Treatment	Laboratory Barcode
Clinical Diagnosis			For Laboratory Use Only
Name & Signature of Requesting Doctor			
Hp / Contact No *(indicate if urgent)*		Specimen Taken By	
Name of Consultant I/C		Date & Time Specimen Taken	
Date		Date _____ Time _____am/pm	

Please (tick) appropriate boxes below

ROUTINE HAEMATOLOGY		
HA0033	☐	Full Blood Count (FBC)
HA0033H	☐	Full Blood Count (for husband / partner)
HA0062	☐	FBC with Thalassemia Screen (FBC with PBF, Hb Electrophoresis include HbH Inclusion Bodies)
HA0062H	☐	FBC with Thalassemia Screen (for husband/ partner) (FBC with PBF, Hb Electrophoresis include HbH Inclusion Bodies)
HA0102	☐	Hb Electrophoresis
HA0102H	☐	Hb Electrophoresis (for husband / partner)
HA0101	☐	Haemoglobin (Hb)
HA0192	☐	Platelet Count
HA0201	☐	Reticulocyte Count
HA0034	☐	Peripheral Blood Film (PBF)
HA0190	☐	Malarial Parasite, blood film
HA0220	☐	Erythrocyte Sedimentation Rate (ESR)
HA0130	☐	Kleihauer Betke Test
HA0103	☐	Haemoglobin H Inclusion Bodies
HA0055	☐	Blast Cells, CSF
HA0050	☐	Differential Count for Body Fluid Specimen Type:_____
HA0104	☐	Plasma Haemoglobin (for ECMO)
HA0061	☐	Dengue Virus NS1 Antigen and IgG / IgM Antibodies
SPECIALISED TEST (in-house)		
HA0324	☐	Bone Marrow Aspirate Morphology Report
HA0323	☐	CD34 HSC Enumeration
HA0400	☐	CD4 / CD8 Assay
HA0401	☐	Lymphocyte Subsets Panel
HAEMATOLOGY MOLECULAR TEST (in-house)		
HT0220	☐	Vector Copy Number (VCN) Assay
HT0221	☐	Replication Competent Lentivirus (RCL) Assay
HT0214	☐	STR Chimerism Analysis* * *Please accompany a matching form (63170-Form-5051) for baseline sample.*
HT0217X	☐	Lineage-Specific CD3 STR Chimerism Analysis# ☐ 3 mL ☐ 6 mL # *Please check specimen collection volume of either 3 mL or 6 mL.*
SPECIALISED TEST		
HA0353	☐	Bone Marrow Immunophenotyping
HA0068	☐	Eosin-5-maleimide (EMA) stain
HA0170	☐	NBT Test
HA0355	☐	VNTR Analysis (Donor)
HA0355	☐	VNTR Analysis (Recipient)
CYTOCHEMICAL STAINS		
HA0035	☐	Bone Marrow Differential
HA0231	☐	PAS, blood
HA0231	☐	PAS, bone marrow
HA0232	☐	Peroxidase, blood
HA0232	☐	Peroxidase, bone marrow
HA0230	☐	Sudan Black, blood
HA0230	☐	Sudan Black, bone marrow

ROUTINE COAGULATION		
CG0111	☐	APTT & PT (INR)
CG0100	☐	APTT
CG0123	☐	APTT 50%
CG0110	☐	PT (INR)
CG0122	☐	PT 50%
SPECIALISED COAGULATION TEST (in-house)		
CG0073	☐	Fibrinogen
CG0126	☐	D-Dimer Quantitation
CG0011	☐	Anti Xa Assay (LMWH)
CG0011	☐	Anti Xa Assay (UFH)
CG0124	☐	Factor VIII Assay
CG0125	☐	Factor IX Assay
CG0120	☐	Thrombin Time
SPECIALISED COAGULATION		
CG0010	☐	Anti Thrombin III
CG0066	☐	Factor VIII Circulating Inhibitor
CG0061	☐	Factor V Assay
CG0142	☐	Factor V Leiden
CG0062	☐	Factor VII Assay
CG0075	☐	Factor VIII Assay Chromogenic
CG0076	☐	Factor VIII Inhibitor Chromogenic
CG0074	☐	Factor IX Inhibitor
CG0068	☐	Factor X Assay
CG0069	☐	Factor XI Assay
CG0070	☐	Factor XII Assay
CG0071	☐	Factor XIII Assay
CG0030	☐	Lupus Anticoagulant
CG0144	☐	Protein C (Functional)
CG0112	☐	Protein S (Functional)
CG0060	☐	Prothrombin Assay
CG0130	☐	Reptilase Time
CG0118	☐	Soluble Fibrin Monomer
CG0065	☐	Von Willebrand Factor Antigen
CG0115	☐	Von Willebrand Factor Activity Assay
PLATELET FUNCTION (Call 6326 6022 for Appointment)		
CG0080	☐	Inherited Platelet Disorder (Screen, Aggregation)
CG0081	☐	Inherited Platelet Disorder (Advanced, Aggregation)
CG0082	☐	Inherited Platelet Disorder (U46619, Aggregation)
CG0083	☐	Platelet Aggregation (Low Dose Ristocetin for Von Willebrand Disease)

☐ Others, please specify: _____