



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<br><input type="checkbox"/> Gynae<br><input type="checkbox"/> Medicine<br><input type="checkbox"/> Obst<br><input type="checkbox"/> Surgery<br><input type="checkbox"/> Neo | 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                                | <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<br>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 (in-house)           |                          |   |
| HA0324                                | <input type="checkbox"/> | Bone Marrow Aspirate Morphology Report  |
| HA0323                                | <input type="checkbox"/> | CD34 HSC Enumeration  |
| HAEMATOLOGY MOLECULAR TEST (in-house) |                          |   |
| HT0220                                | <input type="checkbox"/> | Vector Copy Number (VCN) Assay  |
| HT0221                                | <input type="checkbox"/> | Replication Competent Lentivirus (RCL) Assay  |
| HT0214                                | <input type="checkbox"/> | STR Chimerism Analysis*<br><small>* Please accompany a matching form (63170-Form-5051) for baseline sample.</small>   |
| HT0217X                               | <input type="checkbox"/> | Lineage-Specific CD3 STR Chimerism Analysis#<br><input type="checkbox"/> 3 mL <input type="checkbox"/> 6 mL<br><small># Please check specimen collection volume of either 3 mL or 6 mL.</small> |
| SPECIALISED TEST                      |                          |   |
| HA0353                                | <input type="checkbox"/> | Bone Marrow Immunophenotyping   |
| HA0040                                | <input type="checkbox"/> | CD4 / CD8 Assay   |
| HA0068                                | <input type="checkbox"/> | Eosin-5-maleimide (EMA) stain   |
| 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)   |
| 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  |

| ROUTINE COAGULATION                                |                          |   |
|--|--------------------------|---|
| CG0111   | <input type="checkbox"/> | APTT & PT (INR)   |
| CG0100   | <input type="checkbox"/> | APTT  |
| CG0123   | <input type="checkbox"/> | APTT 50%  |
| CG0110   | <input type="checkbox"/> | PT (INR)  |
| CG0122   | <input type="checkbox"/> | PT 50%  |
| SPECIALISED COAGULATION TEST (in-house)            |                          |   |
| CG0073   | <input type="checkbox"/> | Fibrinogen  |
| CG0126   | <input type="checkbox"/> | D-Dimer Quantitation  |
| CG0011   | <input type="checkbox"/> | Anti Xa Assay (LMWH)  |
| CG0011   | <input type="checkbox"/> | Anti Xa Assay (UFH)   |
| CG0124   | <input type="checkbox"/> | Factor VIII Assay   |
| CG0125   | <input type="checkbox"/> | Factor IX Assay   |
| CG0120   | <input type="checkbox"/> | Thrombin Time   |
| SPECIALISED COAGULATION                            |                          |   |
| CG0010   | <input type="checkbox"/> | Anti Thrombin III   |
| 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  |
| CG0075   | <input type="checkbox"/> | Factor VIII Assay Chromogenic   |
| CG0076   | <input type="checkbox"/> | Factor VIII Inhibitor Chromogenic                                     |
| 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  |
| CG0118   | <input type="checkbox"/> | Soluble Fibrin Monomer  |
| CG0065   | <input type="checkbox"/> | Von Willebrand Factor Antigen   |
| CG0115   | <input type="checkbox"/> | Von Willebrand Factor Activity Assay                                  |
| PLATELET FUNCTION (Call 6326 6022 for Appointment) |                          |   |
| CG0080   | <input type="checkbox"/> | Inherited Platelet Disorder (Screen, Aggregation)                     |
| CG0081   | <input type="checkbox"/> | Inherited Platelet Disorder (Advanced, Aggregation)                   |
| CG0082   | <input type="checkbox"/> | Inherited Platelet Disorder (U46619, Aggregation)                     |
| CG0083   | <input type="checkbox"/> | Platelet Aggregation (Low Dose Ristocetin for Von Willebrand Disease) |

Others, please specify: \_\_\_\_\_