

VIROLOGY & SEROLOGY TESTS

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 <input type="checkbox"/> Gynae <input type="checkbox"/> Medicine <input type="checkbox"/> Obst <input type="checkbox"/> Surgery <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)	Type of Specimen <input type="checkbox"/> Blood <input type="checkbox"/> Urine, random	<input type="checkbox"/> Others Specify _____
Name of Consultant I/C	Date & Time Specimen Taken	
Date	Date _____ Time _____ am/pm	

Please (tick) appropriate boxes below

Test for husband / male partner		
Billing Code	(Tick)	Test
RV0072H	<input type="checkbox"/>	Hepatitis B surface antigen (for husband / male partner)
IM0170H	<input type="checkbox"/>	Syphilis screening - Treponema Pallidum Antibody (CMIA) (for husband / male partner)
HS0009H	<input type="checkbox"/>	HIV Screen (for husband / male partner)
RV0080	<input type="checkbox"/>	Hepatitis C Total Antibody Screen (CMIA) (for husband / male partner)

Antenatal Panel (For female patient only)		
Billing Code	(Tick)	Test
IC5598	<input type="checkbox"/>	Antenatal Profile (FBC, HBsAg, Syphilis & HIV screen) (for female patient only)
IC5599	<input type="checkbox"/>	Antenatal Profile with Thalassaemia Screen (FBC, PBF, Hb Electrophoresis include HbH Inclusion Bodies, HBsAg, Syphilis & HIV screen) (for female patient only)

Hepatitis B		
RV0078	<input type="checkbox"/>	Hepatitis B Immunity Profile
RV0072	<input type="checkbox"/>	Hepatitis B surface antigen
RV0071	<input type="checkbox"/>	Hepatitis B e Antigen
RV0012	<input type="checkbox"/>	Hepatitis B Surface Antibody (anti-HBs)
RV0011	<input type="checkbox"/>	Hepatitis B Core IgM Antibody
RV0014	<input type="checkbox"/>	Hepatitis B Core Total Antibody
RV0077	<input type="checkbox"/>	Hepatitis B e antibody (anti-HBe)

Other Hepatitis		
RV0015	<input type="checkbox"/>	Hepatitis A IgM antibody
RV0010	<input type="checkbox"/>	Hepatitis A Total antibody
RV0080	<input type="checkbox"/>	Hepatitis C Total Antibody Screen (CMIA)
RV0146	<input type="checkbox"/>	Hepatitis C Total Antibody (RIBA)
RV0016	<input type="checkbox"/>	Hepatitis E IgG antibody
RV0017	<input type="checkbox"/>	Hepatitis E IgM antibody

Bacteria Serology		
IM0170	<input type="checkbox"/>	Syphilis screening - Treponema Pallidum Antibody (CMIA)

Virus Immunofluorescence / Antigen Detection		
RV0147	<input type="checkbox"/>	Cytomegalovirus pp65 Antigen (Cytospin-3 tubes EDTA bld)
RV0090	<input type="checkbox"/>	Herpes Simplex Virus Antigen
RV0091	<input type="checkbox"/>	Measles Virus antigen
RV0133	<input type="checkbox"/>	Mumps Virus Antigen
BA0312	<input type="checkbox"/>	Respiratory Viruses Antigen Panel (Adenovirus, Influenza, A & B, Parainfluenza, RSV, Metapneumovirus)
BA0200	<input type="checkbox"/>	Rotavirus Antigen (Stool)
RV0094	<input type="checkbox"/>	Varicella-Zoster Virus Antigen

Others: pls specify _____

Virus Isolation		
Billing Code	(Tick)	Test
RV0100	<input type="checkbox"/>	Adenovirus Isolation
RV0102	<input type="checkbox"/>	Cytomegalovirus Isolation
RV0144	<input type="checkbox"/>	Enterovirus Isolation
RV0074	<input type="checkbox"/>	Herpes Simplex Virus isolation
RV0022	<input type="checkbox"/>	Measles Isolation
RV0103	<input type="checkbox"/>	Mumps Virus Isolation
RV0143	<input type="checkbox"/>	Respiratory Virus Isolation

Viral Molecular		
BA0321	<input type="checkbox"/>	Respiratory virus multiplex PCR (Influenza, Parainfluenza, RSV, Coronavirus, Adenovirus, Rhinovirus, Metapneumovirus)
RV0076	<input type="checkbox"/>	Cytomegalovirus PCR(Quantitative)
BA0320	<input type="checkbox"/>	Dengue Virus PCR
BA0140	<input type="checkbox"/>	Enterovirus PCR
RV0150	<input type="checkbox"/>	Hepatitis B Virus DNA Load (Quantitative) {3 tubes EDTA blood}
RV0145	<input type="checkbox"/>	Hepatitis C Virus PCR (Qualitative)
BA0328	<input type="checkbox"/>	Herpes Simplex Virus PCR
XU0062	<input type="checkbox"/>	HIV-1 Proviral DNA PCR (Qualitative) {2 tubes EDTA blood}
BA0302	<input type="checkbox"/>	Human Papillomavirus DNA Detection
BA0107	<input type="checkbox"/>	Measles Virus PCR
BA0327	<input type="checkbox"/>	Varicella-Zoster Virus PCR

Other Viruses		
RV0049	<input type="checkbox"/>	Cytomegalovirus IgG antibody
RV0048	<input type="checkbox"/>	Cytomegalovirus IgM antibody
HA0061	<input type="checkbox"/>	Dengue virus NS1 Antigen and IgG/IgM Antibodies
BC9999	<input type="checkbox"/>	EBV Ea-VCA IgA panel
RV0095	<input type="checkbox"/>	Epstein-Barr Virus Capsid Ag IgG Ab
RV0095M	<input type="checkbox"/>	Epstein-Barr Virus Capsid Ag IgM Ab
RV0075	<input type="checkbox"/>	Herpes Simplex Virus IgM Antibody
RV0034	<input type="checkbox"/>	Herpes Simplex Virus Total Antibody
RV0122	<input type="checkbox"/>	Rubella Total Antibody (HI) contact or illness (clinical data is needed)
HS0009	<input type="checkbox"/>	HIV (O&G)
HS0009	<input type="checkbox"/>	HIV Screen
HS0009P	<input type="checkbox"/>	HIV Screen (Paeds)
RV0130	<input type="checkbox"/>	Measles Virus IgG antibody
RV0130M	<input type="checkbox"/>	Measles IgM antibody
RV0131	<input type="checkbox"/>	Mumps Virus IgG antibody
RV0131M	<input type="checkbox"/>	Mumps Virus IgM antibody
RV0116	<input type="checkbox"/>	Parvovirus B19 IgG antibody
RV0115	<input type="checkbox"/>	Parvovirus B19 IgM antibody
RV0120	<input type="checkbox"/>	Rubella Virus IgG antibody
RV0121	<input type="checkbox"/>	Rubella Virus IgM antibody
RV0140	<input type="checkbox"/>	Varicella-Zoster Virus IgG antibody
RV0140M	<input type="checkbox"/>	Varicella-Zoster Virus IgM antibody