



CLINICAL CHEMISTRY - FORM B

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"/> Obst <input type="checkbox"/> Neo <input type="checkbox"/> Medicine <input type="checkbox"/> Surgery	Relevant History/Findings/Treatment	Laboratory Barcode <p style="text-align: center;">For Laboratory Use Only</p>
Clinical Diagnosis	Type of Specimen <input type="checkbox"/> Blood <input type="checkbox"/> Others <input type="checkbox"/> Urine, random Specify _____ Nature of Specimen <input type="checkbox"/> Fasting <input type="checkbox"/> Random	
Name & Signature of Requesting Doctor Hp / Contact No (indicate if urgent)	Date & Time Specimen Taken Date _____ Time _____ am/pm	
Name of Consultant I/C Date		

Please (tick) appropriate boxes below

THYROID FUNCTION

XU0021	<input type="checkbox"/>	Calcitonin, serum
IM0150	<input type="checkbox"/>	Thyroglobulin Antibodies (TgAb), serum
XU0127	<input type="checkbox"/>	Thyroglobulin Profile(Tg,TgAb)
XU1002	<input type="checkbox"/>	Thyroid Panel (FT4/TSH)
XU0129	<input type="checkbox"/>	Thyroid Peroxidase Antibodies (TPOAb), serum
TSBAB	<input type="checkbox"/>	Thyroid Stimulating Blocking Antibodies
XU0122	<input type="checkbox"/>	Thyroid Stimulating Hormone, serum
XU0132	<input type="checkbox"/>	Thyroid Stimulating Immunoglobulins
XU0041	<input type="checkbox"/>	Thyroxine (T4) Free, serum
XU0123	<input type="checkbox"/>	TRH Stimulation Test (3 specimen TSH at 0, 30, 60)
XU0133	<input type="checkbox"/>	Triiodothyronine (T3) Free, Serum
XU0125	<input type="checkbox"/>	Triiodothyronine (T3) Total, Serum
XU0126	<input type="checkbox"/>	TSH Receptor Antibodies (TR Ab)

METABOLIC FUNCTION

XU0011	<input type="checkbox"/>	17-Alpha-HydroxyProgesterone, serum - Specimen to reach lab by 8.30am during working days
XU0010	<input type="checkbox"/>	Adrenocorticotrophic Hormone (ACTH) Assay - Specimen to reach lab by 8.30am during working days. EDTA tube to send in ice
XU0009	<input type="checkbox"/>	Aldosterone, serum
XU0022	<input type="checkbox"/>	C-peptide, serum
XU0020	<input type="checkbox"/>	Cortisol, serum
XU0052	<input type="checkbox"/>	Glutamic Acid Decarboxylase Autoantibodies
XU0070	<input type="checkbox"/>	Insulin, serum
XU0100	<input type="checkbox"/>	PTH (Intact), serum
XU0109	<input type="checkbox"/>	Plasma Renin Activity - Specimen to reach lab by 8.30am during working days. 6ml EDTA specimen to send in ice
XU1005	<input type="checkbox"/>	Plasma Renin Activity/Aldosterone - Specimen to reach lab by 8.30am during working days. 6ml EDTA, 3ml plain tube specimen to send in ice

TUMOUR MARKER ASSAYS (Serum)

XU0060	<input type="checkbox"/>	Beta-hCG, serum
BC0025	<input type="checkbox"/>	Alphafoeto Protein, serum
BC0074	<input type="checkbox"/>	Carcinoembryonic Antigen, serum
BC0068	<input type="checkbox"/>	CA-125, serum
BC0107	<input type="checkbox"/>	CA 19-9, serum
BC0024	<input type="checkbox"/>	CA 15-3, serum
BC0306	<input type="checkbox"/>	Squamous Cell Carcinoma Antigen, serum
IC5554	<input type="checkbox"/>	Ovarian Cancer Profile (CA125, CEA, AFP, Beta HCG), serum

TUMOUR MARKER ASSAYS (Fluid)

XU0060F	<input type="checkbox"/>	Beta-hCG, fluid
BC0025F	<input type="checkbox"/>	Alphafoeto Protein, fluid
BC0074F	<input type="checkbox"/>	Carcinoembryonic Antigen, fluid
BC0068F	<input type="checkbox"/>	CA-125, fluid
BC0029F	<input type="checkbox"/>	CA 19-9, fluid

Others: pls specify _____

REPRODUCTIVE HORMONE

XU0060	<input type="checkbox"/>	Beta-hCG, serum
XU0030	<input type="checkbox"/>	DHEA-S, serum
XU0090	<input type="checkbox"/>	Estradiol, serum
XU0040	<input type="checkbox"/>	Follicle Stimulating Hormone, serum
XU1009	<input type="checkbox"/>	FSH/LH serum + Prolactin, Serum
XU1003	<input type="checkbox"/>	FSH/LH, serum
IC5553	<input type="checkbox"/>	FSH/LH/E2 + Prolactin + Progesterone + Testosterone, serum
XU1007	<input type="checkbox"/>	FSH/LH/E2, serum
XU0080	<input type="checkbox"/>	Luteinizing Hormone, serum
XU0101	<input type="checkbox"/>	Progesterone, serum
XU0102	<input type="checkbox"/>	Prolactin, serum
xxxxx	<input type="checkbox"/>	Testosterone, Free
XU0121	<input type="checkbox"/>	Testosterone, Total, serum

GROWTH HORMONE

XU0050	<input type="checkbox"/>	Growth hormone
XU1006	<input type="checkbox"/>	Growth hormone/IGF-1
XU0111	<input type="checkbox"/>	Insulin-Like Growth Factor 1