



For outpatient use only - waiting for results

Reg No 52839081C

**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	<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				Specimen Taken By	For Laboratory Use Only
Name & Signature of Requesting Doctor					
Hp / Contact No (indicate if urgent)				Date & Time Specimen Taken	
Name of Consultant I/C				Date _____ Time _____ am/pm	

**Please (tick) appropriate boxes below**

ROUTINE HAEMATOLOGY		ROUTINE COAGULATION		
HA0033	<input type="checkbox"/>	Full Blood Count (FBC)	CG0111 <input type="checkbox"/> APTT & PT (INR)	
HA0033H	<input type="checkbox"/>	Full Blood Count (for husband / partner)	CG0100 <input type="checkbox"/> APTT	
HA0062	<input type="checkbox"/>	FBC with Thalassemia Screen (FBC with PBF, Hb Electrophoresis include HbH Inclusion Bodies)	CG0123 <input type="checkbox"/> APTT 50%	
HA0062H	<input type="checkbox"/>	FBC with Thalassemia Screen (for husband/ partner) (FBC with PBF, Hb Electrophoresis include HbH Inclusion Bodies)	CG0110 <input type="checkbox"/> PT (INR)	
HA0102	<input type="checkbox"/>	Hb Electrophoresis	CG0122 <input type="checkbox"/> PT 50%	
HA0102H	<input type="checkbox"/>	Hb Electrophoresis (for husband / partner)	<b>SPECIALISED COAGULATION TEST (in-house)</b>	
HA0250	<input type="checkbox"/>	White Blood Cells Count (WBC)	CG0073 <input type="checkbox"/> Fibrinogen	
HA0101	<input type="checkbox"/>	Haemoglobin (Hb)	CG0126 <input type="checkbox"/> D-Dimer Quantitation	
HA0192	<input type="checkbox"/>	Platelet Count	CG0011 <input type="checkbox"/> Anti Xa Assay (LMWH)	
HA0201	<input type="checkbox"/>	Reticulocyte Count	CG0011 <input type="checkbox"/> Anti Xa Assay (UFH)	
HA0034	<input type="checkbox"/>	Peripheral Blood Film (PBF)	CG0124 <input type="checkbox"/> Factor VIII Assay	
HA0190	<input type="checkbox"/>	Malarial Parasite, blood film	CG0125 <input type="checkbox"/> Factor IX Assay	
HA0103	<input type="checkbox"/>	Haemoglobin H Inclusion Bodies	CG0120 <input type="checkbox"/> Thrombin Time	
HA0130	<input type="checkbox"/>	Kleihauer Betke Test	<b>SPECIALISED COAGULATION</b>	
HA0220	<input type="checkbox"/>	Erythrocyte Sedimentation Rate (ESR)	CG0010 <input type="checkbox"/> Anti Thrombin III	
HA0050	<input type="checkbox"/>	Differential Count for Body Fluid Specimen Type: _____	CG0066 <input type="checkbox"/> Factor VIII Circulating Inhibitor	
HA0055	<input type="checkbox"/>	Blast Cells, CSF	CG0061 <input type="checkbox"/> Factor V Assay	
HA0104	<input type="checkbox"/>	Plasma Haemoglobin (for ECMO)	CG0142 <input type="checkbox"/> Factor V Leiden	
HA0061	<input type="checkbox"/>	Dengue Virus NS1 Antigen and IgG / IgM Antibodies	CG0062 <input type="checkbox"/> Factor VII Assay	
<b>SPECIALISED TEST (in-house)</b>				
HA0324	<input type="checkbox"/>	Bone Marrow Aspirate Morphology Report	CG0075 <input type="checkbox"/> Factor VIII Assay Chromogenic	
HA0323	<input type="checkbox"/>	CD34 HSC Enumeration	CG0076 <input type="checkbox"/> Factor VIII Inhibitor Chromogenic	
HT0214	<input type="checkbox"/>	STR Chimerism Analysis*	CG0074 <input type="checkbox"/> Factor IX Inhibitor	
HT0217X	<input type="checkbox"/>	CD3 STR Chimerism Analysis*	CG0068 <input type="checkbox"/> Factor X Assay	
* Please accompany a matching form (63170-Form-5051) for baseline sample.				
<b>SPECIALISED TEST</b>				
HA0353	<input type="checkbox"/>	Bone Marrow Immunophenotyping	CG0069 <input type="checkbox"/> Factor XI Assay	
HA0040	<input type="checkbox"/>	CD4 / CD8 Assay	CG0070 <input type="checkbox"/> Factor XII Assay	
HA0068	<input type="checkbox"/>	Eosin-5-maleimide (EMA) stain	CG0071 <input type="checkbox"/> Factor XIII Assay	
IH0072	<input type="checkbox"/>	HLA ABC	CG0030 <input type="checkbox"/> Lupus Anticoagulant	
IH0074	<input type="checkbox"/>	HLA Typing B27	CG0144 <input type="checkbox"/> Protein C (Functional)	
IH0073	<input type="checkbox"/>	HLA-DR, blood	CG0112 <input type="checkbox"/> Protein S (Functional)	
HA0170	<input type="checkbox"/>	NBT Test	CG0060 <input type="checkbox"/> Prothrombin Assay	
HA0355	<input type="checkbox"/>	VNTR Analysis (Donor)	CG0130 <input type="checkbox"/> Reptilase Time	
HA0355	<input type="checkbox"/>	VNTR Analysis (Recipient)	CG0118 <input type="checkbox"/> Soluble Fibrin Monomer	
<b>CYTOCHEMICAL STAINS</b>				
HA0035	<input type="checkbox"/>	Bone Marrow Differential	CG0065 <input type="checkbox"/> Von Willebrand Factor Antigen	
HA0231	<input type="checkbox"/>	PAS, blood	CG0115 <input type="checkbox"/> Von Willebrand Factor Activity Assay	
HA0231	<input type="checkbox"/>	PAS, bone marrow	<b>PLATELET FUNCTION (Call 6326 6022 for Appointment)</b>	
HA0232	<input type="checkbox"/>	Peroxidase, blood	CG0080 <input type="checkbox"/> Inherited Platelet Disorder (Screen, Aggregation)	
HA0232	<input type="checkbox"/>	Peroxidase, bone marrow	CG0081 <input type="checkbox"/> Inherited Platelet Disorder (Advanced, Aggregation)	
HA0230	<input type="checkbox"/>	Sudan Black, blood	CG0082 <input type="checkbox"/> Inherited Platelet Disorder (U46619, Aggregation)	
HA0230	<input type="checkbox"/>	Sudan Black, bone marrow	CG0083 <input type="checkbox"/> Platelet Aggregation (Low Dose Ristocetin for Von Willebrand Disease)	

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