MEMORANDUM FOR LABORATORY REQUEST

Patient's SAP/OAS label	CPOE label (if any)

To Laboratory staff,
For the above-mentioned patient, please perform the following below (please tick where appropriate):

☐ **ADD-ON TEST(S):**
(To call respective Lab to check for sufficiency and suitability of specimen)

Test(s) Requested: _____

Spoken to
(Lab Staff Name): _____ Date & Time: _____

☐ **CANCELLATION OF TEST(S): (please tick where applicable)**

☐ Label printed but specimen not collected   ☐ Cancelled by Doctor (indicate name below)

☐ Duplicate order   ☐ Patient vomited (OGTT)

☐ Others (please specify below)

_____

_____

☐ **OTHERS (please specify in detail):**

_____

_____

_____
Requestor Name Stamp / Signature / Date & Time