



REQUEST FORM FOR
VIROLOGY LAB INVESTIGATION

(Affix Label here if available)

Patient's Location :

DEPT	SOC	WARD	BED

PATIENT'S NAME:
 NRIC / ID :
 DOB:
 GENDER:

 ACCOUNT No:

Clinical Information (Specimen will be REJECTED if information is incomplete)

Clinical Diagnosis: Relevant History / Findings / Treatment:
 Name of Ordering Clinician (OC): Date of Onset of Symptoms:
 MCR No: Date: Specimen Type:
 Name of Consultant in Charge (CIC): Blood CSF Throat swab
 Stool Urine Others (Specify) : _____
 MCR No: Date and Time Taken:
 STAT Request (Urgent)

Test Required [Pls tick clearly box(es) below]

Viral Culture / Isolation

<input type="checkbox"/> 10030701 Adenovirus	<input type="checkbox"/> 10030802 Enterovirus	<input type="checkbox"/> 70205901 Neurotropic Viruses (HSV, Measles, Mumps, Enterovirus)
<input type="checkbox"/> 22003603 Dengue Virus	<input type="checkbox"/> 10033704 Herpes Simplex Virus	<input type="checkbox"/> 22003502 Respiratory Viruses
<input type="checkbox"/> 70205064 Chikungunya Virus	<input type="checkbox"/> 70205037 Influenza Virus	<input type="checkbox"/> 70205081 Rubella Virus
<input type="checkbox"/> 70205902 Chikungunya & Dengue Viruses	<input type="checkbox"/> 70205035 Measles Virus	<input type="checkbox"/> 10031106 Varicella Zoster Virus
<input type="checkbox"/> 10030903 Cytomegalovirus	<input type="checkbox"/> 10031005 Mumps Virus	

Viral Antigen

<input type="checkbox"/> 10040500 Adenovirus Ag	<input type="checkbox"/> 10033715 Herpes Simplex Virus Ag	<input type="checkbox"/> 70205070 Respiratory Viruses Ag Panel 1 (RSV, Parainfluenza, Influenza A&B, Adeno, hMPV)
<input type="checkbox"/> 10024119 Cytomegalovirus Ag	<input type="checkbox"/> 10040500 Influenza Virus Ag	<input type="checkbox"/> 10050163 Rotavirus Ag (Stool only)
<input type="checkbox"/> 10050433 Cytomegalovirus pp65 Ag (3x EDTA blood tubes)	<input type="checkbox"/> 10033906 Measles Virus Ag	<input type="checkbox"/> 10034200 Varicella Zoster Virus Ag
<input type="checkbox"/> 70205053 Dengue NS1 Ag	<input type="checkbox"/> 10013533 Mumps Virus Ag	
	<input type="checkbox"/> 10034008 Resp Syncytial Virus Ag	

Viral Antibody

<input type="checkbox"/> 10033007 <i>Chlamydia</i> spp. Total Ab	<input type="checkbox"/> 10013544 Mumps IgM	<input type="checkbox"/> 10033401 Hepatitis A IgM
<input type="checkbox"/> 10031803 <i>Coxiella burnetti</i> Total Ab	<input type="checkbox"/> 70205087 Mumps IgG	<input type="checkbox"/> 70205031 Hepatitis A IgG
<input type="checkbox"/> 70205063 Chikungunya IgM	<input type="checkbox"/> 10032602 Mumps Total Ab	<input type="checkbox"/> 10033603 HBsAg (Qualitative)
<input type="checkbox"/> 70205062 Chikungunya IgG	<input type="checkbox"/> 70205049 <i>Mycoplasma pneumoniae</i> Total Ab	<input type="checkbox"/> 70205079 HBsAg (Quantitative)
<input type="checkbox"/> 10024120 Cytomegalovirus IgM	<input type="checkbox"/> 10032804 Neurotropic Viruses Total Ab (HSV, Measles, Mumps)	<input type="checkbox"/> 10031601 Anti-HBs
<input type="checkbox"/> 70205050 Cytomegalovirus IgG	<input type="checkbox"/> 10050332 Parvovirus B19 IgM	<input type="checkbox"/> 10031500 Anti-HBc IgM
<input type="checkbox"/> 10032006 Cytomegalovirus Total Ab	<input type="checkbox"/> 10050343 Parvovirus B19 IgG	<input type="checkbox"/> 70205046 Anti-HBc Total Ab
<input type="checkbox"/> 10050141 Dengue IgM	<input type="checkbox"/> 10034604 Rubella IgM	<input type="checkbox"/> 10033502 HBeAg
<input type="checkbox"/> 70205083 Dengue IgG	<input type="checkbox"/> 70205048 Rubella IgG	<input type="checkbox"/> 70205045 Anti-HBe
<input type="checkbox"/> 1270205003 Dengue Serology (Rapid, A&E Only)	<input type="checkbox"/> 70205084 SARS-CoV-2 (RBD) IgG	<input type="checkbox"/> 10033647 HCV Ab Screen
<input type="checkbox"/> 10034301 EBV VCA IgM	<input type="checkbox"/> 70205084 SARS-CoV-2 (RBD) IgG	<input type="checkbox"/> 70205061 Hepatitis D Total Ab
<input type="checkbox"/> 10050174 EBV VCA IgG	<input type="checkbox"/> 70205043 Varicella Zoster IgM	<input type="checkbox"/> 10033636 Hepatitis E IgM
<input type="checkbox"/> 70205058 EBV Ea-IgA	<input type="checkbox"/> 10019326 Varicella Zoster IgG	<input type="checkbox"/> 10033636 Hepatitis E IgG
<input type="checkbox"/> 70205057 EBV VCA-IgA	<input type="checkbox"/> 70205052 Varicella Zoster IgG (Rapid-Call Lab 1st)	<input type="checkbox"/> 22002309 HIV Ag/Ab Screen
<input type="checkbox"/> 70205088 Herpes Simplex IgM	<input type="checkbox"/> 10033300 Varicella Zoster Total Ab	<input type="checkbox"/> 70205065 HTLV I/II Ab Screen
<input type="checkbox"/> 10032107 Herpes Simplex Total Ab		<input type="checkbox"/> 70205069 HTLV I/II Ab Confirmation
<input type="checkbox"/> 70205054 Measles IgM	<input type="checkbox"/> Other test	
<input type="checkbox"/> 70205086 Measles IgG	Specify:	
<input type="checkbox"/> 10032501 Measles Total Ab		

Test Order Sets

<input type="checkbox"/> Hep B (pre-vaccination) Screen (HBsAg, anti-HBs/HBeAg)	<input type="checkbox"/> Acute Hepatitis Screen (HAV IgM, HEV IgM, HBsAg, anti-HBc IgM, HCV Ab)	<input type="checkbox"/> Antenatal Screen (HBsAg [Pos→ HBeAg], HIV Ag/Ab screen)
<input type="checkbox"/> Hep B (past exposure) Screen (HBsAg, anti-HBc total/HBeAg)	<input type="checkbox"/> Blood Borne Virus Screen (HBsAg, HCV Ab, HIV Ag/Ab Screen)	