Singapore General Hospital
SingHealth

Clinical Laboratory | Block 3 Level 1

Directions for SOC patients

REQUEST FOR COAGULATION STUDIES

CG XXXXXX

Patient's Status

CLASS	DEPT	WARD	BED

- ☐ Subsidized
- ☐ Non-subsidized
- ☐ Non-Resident
- ☐ Industrial Accident
- ☐ STAT

NRIC
NAME
ADDRESS
ACCOUNT NO.

Patient's Particulars
Affix Label Here

Clinical Information (Specimen REJECTED if information incomplete)

Clinical Diagnosis:

Relevant History / Findings / Treatment

Signature and Name of Requesting Doctor

Emergency: ☐ Yes ☐ No
Request
Date :

☐ I certify that this is an emergency request

Signature of Doctor

Name of Consultant i/c

Specimen Taken

Date: Time: am/pm

Please tick ☑ appropriate box

☐	10022409	Prothrombin Time Test (PT)	patient	Sec	Control	Sec
☐	10021408	Partial Thromboplastin Time (APTT)	patient	Sec	Control	Sec
☐	10022500	Thrombin Clotting Time (TCT)	patient	Sec	Control	Sec
☐	10022702	Reptilase Time	patient	Sec	Control	Sec
☐	11007504	Platelet Function Tests	☐ Factor Assay (Specify)			
☐	Others (Specify):					

For Laboratory Use

Lab Report No.

Date of Reporting

Name of Haematologist

Signature

CG XXXXXX

3015-00-003-K /APR 2000