



**REQUEST FOR
HAEMATOLOGICAL INVESTIGATION**

HA XXXXXX

Patient's Status

CLASS	DEPT	WARD	BED
<input type="checkbox"/> Subsidized		<input type="checkbox"/> Industrial Accident	
<input type="checkbox"/> Non-subsidized		<input type="checkbox"/> STAT	
<input type="checkbox"/> Non-Resident			

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 :

Name of Consultant i/c

Specimen Taken

Date: Time: am/pm

Please
tick
appropriate
box

- | | | |
|---|---|---|
| 11002206 <input type="checkbox"/> Hb | 11001003 <input type="checkbox"/> Full Blood Count (Hb, WBC, Plt, DC) | 11001902 <input type="checkbox"/> Serum Folate |
| 11004703 <input type="checkbox"/> WBC | 11001104 <input type="checkbox"/> Blood Film Report | 11004602 <input type="checkbox"/> Serum Vitamin B12 |
| 11003803 <input type="checkbox"/> Platelets | 11003500 <input type="checkbox"/> Osmotic Fragility | 11001801 <input type="checkbox"/> Serum Ferritin |
| 11004006 <input type="checkbox"/> Reticulocytes | 11002307 <input type="checkbox"/> Hb Electrophoresis | 11004309 <input type="checkbox"/> NAP Score |
| 11004107 <input type="checkbox"/> ESR | 11002600 <input type="checkbox"/> Ham's Test | 11001306 <input type="checkbox"/> Bone Marrow Aspirate |
| 11002105 <input type="checkbox"/> Hct (PCV) | 11001700 <input type="checkbox"/> CSF BLAST | 11003308 <input type="checkbox"/> Immunophenotype (Specify) |
| 11003601 <input type="checkbox"/> BF for Malaria | 11003409 <input type="checkbox"/> NBT Test | <input type="checkbox"/> Others (Specify) |
| 11002408 <input type="checkbox"/> Hb H Inclusion Bodies | | |

Date of Reporting

Name of Haematologist

Signature

HA XXXXXX