REQUEST FOR IMMUNOHAEMATOLOGICAL INVESTIGATION

IH XXXXX

Patient's Status

CLASS	DEPT	WARD	BED

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

Patient's Particulars

NRIC

NAME

ADDRESS

ACCOUNT NO.

Affix Label Here

Clinical Information (Specimen REJECTED if information incomplete)

Clinical Diagnosis:

Name of Requesting Doctor

Date :

Name of Consultant i/c

Specimen Taken

Date: Time: am/pm

Relevant History / Findings / Treatment

☐ I certify that this is an emergency request

Signature of Doctor

Please tick ☑ appropriate box

	Code	Test
☐	10024401	ABO & Rh Grouping
☐	10026009	Direct Coomb's Test (Direct Anti Human Globuin Test)
☐	10028405	Antibody Screening
☐	10025301	Identification of antibodies
☐	10025806	Titration of Antibodies
☐	10024603	Cold Agglutinin Titre
☐	Others (Specify):	

Lab Report

Lab No.

Date of Reporting

Name of Haematologist

Signature

IH XXXXX

3015-00-005-G/APR 2000