Singapore General Hospital
SingHealth

No: XXXXXX

REQUEST FOR LABORATORY SERVICES

SINGAPORE GENERAL HOSPITAL, DEPARTMENT OF PATHOLOGY
CLIENT SERVICES, TEL: 6326 5353, FAX: 6222 8924

For clinic stamp

PATIENT'S NAME : ....

NRIC/FIN/WP/PP/REG : ....

D.O.B./AGE : .... SEX: M / F

DATE : ....

DOCTOR'S NAME & SIGN : ....

Brief clinical history:

☐ POLYCLINIC PATIENT

Patient Fasting: YES / NO

Test(s) requested: (Please [x] in box provided)

☐ FBC ☐ Glucose ☐ Renal Profile (Urea, Electrolytes, Creatinine)
☐ PBF ☐ HbA1c ☐ Liver Profile (TP, ALB, TBIL, ALP, ALT, AST)
☐ BFMP ☐ PTT ☐ Lipids Profile (CHO, HDL, TG, LDL, CHO/HDL Ratio)
☐ ABO RH ☐ PT / INR ☐ Insulin ☐ Lp (a) ☐ DHEA-S ☐ IGF-1
☐ HBs Ag ☐ anti-HBs ☐ Rubella IgG Ab ☐ Growth Hormone
☐ anti-HAV total ☐ Dengue IgM Ab ☐ Free Testosterone
☐ Stool Occult Blood ☐ Urine Pregnancy / HCG ☐ Total Testosterone
☐ Stool Ova & Parasites ☐ U.FEME ☐ ECG ☐ RBC Cholinesterase
☐ Stool C/S ☐ Urine C/S ☐ Others : ....
☐ BILL TO CLINIC ☐ Send report to clinic / patient at

Tel : ....
Fax : ....
Remarks : ....
....

Address : ....
....
....
....

☐ MPHS ☐ CA19-9 ☐ CA 125
☐ AFP ☐ SCC Ag ☐ CA 153
☐ E2 ☐ CEA ☐ PSA
☐ FT4 ☐ TSH ☐ Uric Acid
☐ NNJ/Total Bilirubin ☐ Direct Bilirubin
☐ Indirect Bilirubin (Total & Direct)
☐ WP Package 1 (VDRL & Urine HCG)
☐ WP Package 2 (VDRL, Urine HCG & HIV)

(Foreign maid's Nationality: ....)

FOR LABORATORY USE ONLY
☐ PAID - Receipt No : ....

Laboratory Copy