



Singapore  
General Hospital  
SingHealth



Clinical  
Laboratory

Block 3  
Level 1



Directions for SOC patients

**REQUEST FOR URINALYSIS**

RU 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

Labstix Result:

Date :

Albumin:

I certify that this is an emergency request

Name of Consultant i/c

Date and Time  
Specimen Taken

Signature of Doctor

/ / am/pm

Please  
tick   
appropriate  
box

- |  |          |                  |
|--|----------|------------------|
| <input type="checkbox"/> 10031207 MICRO: RBC   | WBC      | Epithelial Cells |
| <input type="checkbox"/> Casts                 | Crystals | Albumin          |
| <input type="checkbox"/> Sugar                 | Acetone  |                  |
| <input type="checkbox"/> 10031308 Bile         | Urobilin | Urobilinogen     |
| <input type="checkbox"/> 10031308 Haemosiderin |          | Bile Salts:      |
| <input type="checkbox"/> Others (Specify)      |          |                  |

Date of Reporting

Name of Haematologist

Signature

RU XXXXXX