Diagnostics
NHG Health

LABORATORY INVESTIGATION FORM

Please bring along the Lab request form AND your Identity Card / Work Pass / Social Visit / Dependent's Pass / Birth Certificate / Passport or any legal documents by Immigration Department for verification during registration

Name:		**Date of Birth:** (dd/mm/yyyy)	**Clinic Stamp:**
NRIC:		**Gender:** Male / Female	
Contact No:	**Date of Request:**	☐ **STAT** ☐ **Routine**	
Relevant History/ Findings:		**Clinical Diagnosis** ☐ Screening ☐ Diagnosis	**Ordering Doctor Stamp:** MCR, Name and signature
Test Type ☐ Blood ☐ Urine ☐ Others _____		**Fasting** ☐ Yes ☐ No	**Payment** ☐ Credit cards (Masters/VISA) ☐ PayNow / NETS ☐ Bill Clinic **Report** ☐ Patient to self-collect ☐ Dispatch to clinic

Common Panel Tests

☐ ACEI/ARB Panel [5] (K, Cre)	LBC 08840	☐ Diabetes Monitoring (LDL-M, K, Na, Cre, HbA1c, ACR)	LBC 13015	☐ Iron Panel with Ferritin (Fe, Transferrin, Iron Saturation Ferritin)	LBC 13401
☐ Calcium Panel [2] (Calcium, Albumin, Corrected Calcium)	LBC 12321	☐ Electrolytes Panel (K, Na)	LBC 00806	☐ Kidney Function Panel [2] (K, Na, Cre, Ure, Cl)	293
☐ Cardiovascular Risk Screening (HbA1c, Lipid)	LBC 12100	☐ Hepatitis B Screen (Anti-HBs, HbsAg)	LBC 12904	☐ Lipid Panel (Chol, LDLM, TG, HDL)	LBC 13011
☐ Diabetes Monitoring [1,4] (HbA1c, K, Na, Cre, ACR, Glu capillary, Lipid, LDLM)	LBC 13014	☐ Hypertensive Panel [1] (Glu, K, Na, Cre, ACR, LDLM, Lipid)	LBC 13013	☐ Liver Function Test [6] (ALT, AST, ALP, ALB, GL, TP, TBIL)	LBC 00621

Individual Tests

☐ Full Blood Count [3]	LBC 05495	☐ OGTT (2 points) [1, 4]	LBC 00737	☐ Thyroid-Stimulating Hormone (TSH)	LBC 00919
☐ Fungus smear [3]	LBC 00426	☐ OGTT (3 points) [1, 4]	LBC 00439	☐ Urine Culture [5]	LBC 00997
☐ Glucose, capillary [3, 4]	LBC 00441	☐ Pre and post bronchodilator spirometry [4]	INV 00128	☐ Urine Microscopy [3, 5]	LBC 12922
☐ Glucose, venous [2]	LBC 00450	☐ Prothrombin Time (PTINR) [3, 4, 5, 6]	LBC 12915	☐ 12 lead ECG [3, 4]	INV 00001
☐ HbA1c [3]	LBC 12903	☐ Thyroxine, Free (FT4)	LBC 00416	☐ 25-Hydroxy Vitamin D	LBC 12890

Others Test Requests: (Refer to Annexes on tests available):

Phlebotomist (Initial/Date) Collection Time:	**Results** **Med Tech:** (Initial/Date)

[1]Fasting required (8 to 12 hours fasting) [2]For GP referral, test is acceptable only Mon to Fri before 11.30am
[3]Test result available within an hour [4]NA for lab processing service [5]Time sensitive test [6]See specimen special instructions

HOTLINE: 6355 3000