

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)			

¹Fasting required (8 to 12 hours fasting)

²For GP referral, test is acceptable only Mon to Fri before 11.30am

³Test result available within an hour

⁴NA for lab processing service

⁵Time sensitive test

⁶See specimen special instructions