

Clinical Diagnosis (Please fill up)		Lab Barcode Accession No.																		
Relevant History/Findings/Treatment	MOLECULAR DIAGNOSTIC LABORATORY																			
	Clinic	Ward	Bed																	
	Class ☐ A1 ☐ B1 ☐ C ☐ A2 ☐ B2																			
	Department ☐ Industrial Accident ☐ Non-Resident																			
Name and Signature of Requesting Doctor	NRIC: _____ A/C #: _____ NAME: _____ DOB: _____																			
Name of Consultant I/C	SEX/RACE: _____ ADDRESS: _____																			
Type of Specimen ☐ Blood ☐ Others (Specify) _____																				
Specimen Taken: Date _____ Time _____ am/pm																				
REQUEST (Please tick (✓) appropriate box(es) below)																				
CANCER GENE MUTATION TESTS																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">LBC13270 ☐ BCR/ABL1 Fusion Transcript Screening</td> <td style="width: 33%;">LBC07227 ☐ JAK2 V617F Mutation Detection</td> <td style="width: 33%;"></td> </tr> <tr> <td>LBC02939 ☐ BCR/ABL1 P210 Fusion Transcript Analysis</td> <td>LBC12937 ☐ JAK2 V617F, CALR Exon 9 and MPL Exon 10 Mutation Detection</td> <td></td> </tr> <tr> <td>LBC03476 ☐ CALR Exon 9 Mutation Detection</td> <td>LBC08473 ☐ MPL Exon 10 Mutation Analysis</td> <td></td> </tr> <tr> <td>LBC13089 ☐ FLT3 and NPM1 Mutation Analysis</td> <td>LBC12163 ☐ TP53 Sequence Analysis ^</td> <td></td> </tr> <tr> <td>LBC13272 ☐ Haem Malignancies NGS ^</td> <td>LBC13521 ☐ NPM1 Quantitation test (for Type A/B/D)</td> <td></td> </tr> <tr> <td>LBC07196 ☐ JAK2 Exon 12/13 HRM Mutation Analysis</td> <td></td> <td></td> </tr> </table>			LBC13270 ☐ BCR/ABL1 Fusion Transcript Screening	LBC07227 ☐ JAK2 V617F Mutation Detection		LBC02939 ☐ BCR/ABL1 P210 Fusion Transcript Analysis	LBC12937 ☐ JAK2 V617F, CALR Exon 9 and MPL Exon 10 Mutation Detection		LBC03476 ☐ CALR Exon 9 Mutation Detection	LBC08473 ☐ MPL Exon 10 Mutation Analysis		LBC13089 ☐ FLT3 and NPM1 Mutation Analysis	LBC12163 ☐ TP53 Sequence Analysis ^		LBC13272 ☐ Haem Malignancies NGS ^	LBC13521 ☐ NPM1 Quantitation test (for Type A/B/D)		LBC07196 ☐ JAK2 Exon 12/13 HRM Mutation Analysis		
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REMARKS																				

MDL-REQ-01-27/01-04-26

 ^ **Consent form required**

** Consult Lab (6357 7389) prior to requesting for customised tests.