



For outpatient use only - waiting for results

Reg No 52839081C

HAEMATOLOGY / COAGULATION

Patient's Name Label

(For Downtime Use)

Name:
MRN:
Account Number:
Date of Birth:
Sex:

M / F (Circle One)

Ward/Bed: _____ Clinic: _____ Class: _____

Patient Type <input type="checkbox"/> Gynaecology <input type="checkbox"/> Medicine <input type="checkbox"/> Obstetrics <input type="checkbox"/> Surgery <input type="checkbox"/> Neonatology	Relevant History/Findings/Treatment	Laboratory Barcode For Laboratory Use Only
Clinical Diagnosis	Specimen Taken By	Date & Time Specimen Taken Date _____ Time _____ am/pm
Name & Signature of Requesting Doctor		
Hp / Contact No (indicate if urgent)	Date	
Name of Consultant I/C	Date	

Please (tick) appropriate boxes below

ROUTINE HAEMATOLOGY		
HA0033	<input type="checkbox"/>	Full Blood Count (FBC)
HA0033H	<input type="checkbox"/>	Full Blood Count (for husband / partner)
HA0062	<input type="checkbox"/>	FBC with Thalassemia Screen (FBC with PBF, Hb Electrophoresis include HbH Inclusion Bodies)
HA0062H	<input type="checkbox"/>	FBC with Thalassemia Screen (for husband/ partner) (FBC with PBF, Hb Electrophoresis include HbH Inclusion Bodies)
HA0102	<input type="checkbox"/>	Hb Electrophoresis
HA0102H	<input type="checkbox"/>	Hb Electrophoresis (for husband / partner)
HA0250	<input type="checkbox"/>	White Blood Cells Count (WBC)
HA0101	<input type="checkbox"/>	Haemoglobin (Hb)
HA0192	<input type="checkbox"/>	Platelet Count
HA0201	<input type="checkbox"/>	Reticulocyte Count
HA0034	<input type="checkbox"/>	Peripheral Blood Film (PBF)
HA0190	<input type="checkbox"/>	Malarial Parasite, blood film
HA0103	<input type="checkbox"/>	Haemoglobin H Inclusion Bodies
HA0130	<input type="checkbox"/>	Kleihauer Betke Test
HA0220	<input type="checkbox"/>	Erythrocyte Sedimentation Rate (ESR)
HA0050	<input type="checkbox"/>	Differential Count for Body Fluid Specimen Type: _____
HA0055	<input type="checkbox"/>	Blast Cells, CSF
HA0104	<input type="checkbox"/>	Plasma Haemoglobin (for ECMO)
HA0061	<input type="checkbox"/>	Dengue Virus NS1 Antigen and IgG / IgM Antibodies
SPECIALISED TEST (in-house)		
HA0324	<input type="checkbox"/>	Bone Marrow Aspirate Morphology Report
HA0323	<input type="checkbox"/>	CD34 HSC Enumeration
HAEMATOLOGY MOLECULAR TEST (in-house)		
HT0220	<input type="checkbox"/>	Vector Copy Number (VCN) Assay
HT0221	<input type="checkbox"/>	Replication Competent Lentivirus (RCL) Assay
HT0214	<input type="checkbox"/>	STR Chimerism Analysis* <small>* Please accompany a matching form (63170-Form-5051) for baseline sample.</small>
HT0217X	<input type="checkbox"/>	Lineage-Specific CD3 STR Chimerism Analysis# <input type="checkbox"/> 3 mL <input type="checkbox"/> 6 mL <small># Please check specimen collection volume of either 3 mL or 6 mL.</small>
SPECIALISED TEST		
HA0353	<input type="checkbox"/>	Bone Marrow Immunophenotyping
HA0040	<input type="checkbox"/>	CD4 / CD8 Assay
HA0068	<input type="checkbox"/>	Eosin-5-maleimide (EMA) stain
IH0072	<input type="checkbox"/>	HLA ABC
IH0074	<input type="checkbox"/>	HLA Typing B27
IH0073	<input type="checkbox"/>	HLA-DR, blood
HA0170	<input type="checkbox"/>	NBT Test
HA0355	<input type="checkbox"/>	VNTR Analysis (Donor)
HA0355	<input type="checkbox"/>	VNTR Analysis (Recipient)
CYTOCHEMICAL STAINS		
HA0035	<input type="checkbox"/>	Bone Marrow Differential
HA0231	<input type="checkbox"/>	PAS, blood
HA0231	<input type="checkbox"/>	PAS, bone marrow
HA0232	<input type="checkbox"/>	Peroxidase, blood
HA0232	<input type="checkbox"/>	Peroxidase, bone marrow
HA0230	<input type="checkbox"/>	Sudan Black, blood
HA0230	<input type="checkbox"/>	Sudan Black, bone marrow

ROUTINE COAGULATION		
CG0111	<input type="checkbox"/>	APTT & PT (INR)
CG0100	<input type="checkbox"/>	APTT
CG0123	<input type="checkbox"/>	APTT 50%
CG0110	<input type="checkbox"/>	PT (INR)
CG0122	<input type="checkbox"/>	PT 50%
SPECIALISED COAGULATION TEST (in-house)		
CG0073	<input type="checkbox"/>	Fibrinogen
CG0126	<input type="checkbox"/>	D-Dimer Quantitation
CG0011	<input type="checkbox"/>	Anti Xa Assay (LMWH)
CG0011	<input type="checkbox"/>	Anti Xa Assay (UFH)
CG0124	<input type="checkbox"/>	Factor VIII Assay
CG0125	<input type="checkbox"/>	Factor IX Assay
CG0120	<input type="checkbox"/>	Thrombin Time
SPECIALISED COAGULATION		
CG0010	<input type="checkbox"/>	Anti Thrombin III
CG0066	<input type="checkbox"/>	Factor VIII Circulating Inhibitor
CG0061	<input type="checkbox"/>	Factor V Assay
CG0142	<input type="checkbox"/>	Factor V Leiden
CG0062	<input type="checkbox"/>	Factor VII Assay
CG0075	<input type="checkbox"/>	Factor VIII Assay Chromogenic
CG0076	<input type="checkbox"/>	Factor VIII Inhibitor Chromogenic
CG0074	<input type="checkbox"/>	Factor IX Inhibitor
CG0068	<input type="checkbox"/>	Factor X Assay
CG0069	<input type="checkbox"/>	Factor XI Assay
CG0070	<input type="checkbox"/>	Factor XII Assay
CG0071	<input type="checkbox"/>	Factor XIII Assay
CG0030	<input type="checkbox"/>	Lupus Anticoagulant
CG0144	<input type="checkbox"/>	Protein C (Functional)
CG0112	<input type="checkbox"/>	Protein S (Functional)
CG0060	<input type="checkbox"/>	Prothrombin Assay
CG0130	<input type="checkbox"/>	Reptilase Time
CG0118	<input type="checkbox"/>	Soluble Fibrin Monomer
CG0065	<input type="checkbox"/>	Von Willebrand Factor Antigen
CG0115	<input type="checkbox"/>	Von Willebrand Factor Activity Assay
PLATELET FUNCTION (Call 6326 6022 for Appointment)		
CG0080	<input type="checkbox"/>	Inherited Platelet Disorder (Screen, Aggregation)
CG0081	<input type="checkbox"/>	Inherited Platelet Disorder (Advanced, Aggregation)
CG0082	<input type="checkbox"/>	Inherited Platelet Disorder (U46619, Aggregation)
CG0083	<input type="checkbox"/>	Platelet Aggregation (Low Dose Ristocetin for Von Willebrand Disease)

Others, please specify: _____