


Clinical Diagnosis (Please fill up)		Lab Barcode Accession No.									
Relevant History/Findings/Treatment	<b>MOLECULAR DIAGNOSTIC LABORATORY</b>										
	Clinic	Ward	Bed								
	Class		<input type="checkbox"/> A1 <input type="checkbox"/> B1 <input type="checkbox"/> C <input type="checkbox"/> A2 <input type="checkbox"/> B2								
	Department		<input type="checkbox"/> Industrial Accident <input type="checkbox"/> Non-Resident								
Name and Signature of Requesting Doctor	NRIC: _____ A/C #: _____  NAME: _____ DOB: _____										
Date	SEX/RACE: _____  ADDRESS: _____										
Name of Consultant I/C											
Type of Specimen <input type="checkbox"/> Blood <input type="checkbox"/> Others (Specify) _____											
Specimen Taken: Date _____ Time _____ am/pm											
<b>REQUEST (Please tick (✓) appropriate box(es) below)</b>											
<b>CANCER GENE MUTATION TESTS</b>											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">           CR1056 <input type="checkbox"/> BCR/ABL1 Fusion Transcript Screening            CR1026 <input type="checkbox"/> BCR/ABL1 P210 Fusion Transcript Analysis            CR1010 <input type="checkbox"/> CALR Exon 9 Mutation Detection            CR1071 <input type="checkbox"/> FLT3 and NPM1 Mutation Analysis            CR1059 <input type="checkbox"/> Haem Malignancies NGS ^            CR1021 <input type="checkbox"/> JAK2 Exon 12/13 HRM Mutation Analysis         </td> <td style="width: 50%; vertical-align: top;">           CR1005 <input type="checkbox"/> JAK2 V617F Mutation Detection            CR1011 <input type="checkbox"/> JAK2 V617F, CALR Exon 9 and MPL Exon 10 Mutation Detection            CR1020 <input type="checkbox"/> MPL Exon 10 Mutation Analysis            CR1055 <input type="checkbox"/> TP53 Sequence Analysis ^         </td> </tr> </table>			CR1056 <input type="checkbox"/> BCR/ABL1 Fusion Transcript Screening CR1026 <input type="checkbox"/> BCR/ABL1 P210 Fusion Transcript Analysis CR1010 <input type="checkbox"/> CALR Exon 9 Mutation Detection CR1071 <input type="checkbox"/> FLT3 and NPM1 Mutation Analysis CR1059 <input type="checkbox"/> Haem Malignancies NGS ^ CR1021 <input type="checkbox"/> JAK2 Exon 12/13 HRM Mutation Analysis	CR1005 <input type="checkbox"/> JAK2 V617F Mutation Detection CR1011 <input type="checkbox"/> JAK2 V617F, CALR Exon 9 and MPL Exon 10 Mutation Detection CR1020 <input type="checkbox"/> MPL Exon 10 Mutation Analysis CR1055 <input type="checkbox"/> TP53 Sequence Analysis ^							
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<b>PHARMACOGENETIC TESTS</b>											
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<b>CUSTOMISED TEST **</b>											
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">CR1001 <input type="checkbox"/></td> <td style="width: 80%;">Test name _____</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td>Test price \$ _____</td> <td>Case No. _____</td> </tr> <tr> <td>CR1023 <input type="checkbox"/></td> <td colspan="2">Sample delivery charges \$ _____ (before GST)</td> </tr> </table>			CR1001 <input type="checkbox"/>	Test name _____			Test price \$ _____	Case No. _____	CR1023 <input type="checkbox"/>	Sample delivery charges \$ _____ (before GST)	
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<b>REMARKS</b>											