

|                                     |   |                           |
|-------------------------------------|---|---------------------------|
| Clinical Diagnosis (Please fill up) |  <b>Tan Tock Seng</b><br>HOSPITAL | 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<br><input type="checkbox"/> A2 <input type="checkbox"/> B2 |
|                                     | Department                             |      |     | <input type="checkbox"/> Industrial Accident<br><input type="checkbox"/> Non-Resident   |

|  |                          |
|--|--------------------------|
| Name and Signature of Requesting Doctor  | NRIC: _____ A/C #: _____ |
| Date   | NAME: _____ DOB: _____   |
| Name of Consultant I/C   | SEX/RACE: _____          |
| Type of Specimen<br><input type="checkbox"/> Blood <input type="checkbox"/> Others (Specify) _____ | ADDRESS: _____           |
| Specimen Taken: Date _____ Time _____ am/pm  |                          |

**REQUEST (Please tick (✓) appropriate box(es) below)**

|                                   |                          |  |  |
|-----------------------------------|--------------------------|--|--|
| <b>CANCER GENE MUTATION TESTS</b> |                          |  |  |
| CR1056                            | <input type="checkbox"/> | BCR/ABL1 Fusion Transcript Screening     | CR1005 <input type="checkbox"/> JAK2 V617F Mutation Detection                              |
| CR1026                            | <input type="checkbox"/> | BCR/ABL1 P210 Fusion Transcript Analysis | CR1011 <input type="checkbox"/> JAK2 V617F, CALR Exon 9 and MPL Exon 10 Mutation Detection |
| CR1010                            | <input type="checkbox"/> | CALR Exon 9 Mutation Detection           | CR1020 <input type="checkbox"/> MPL Exon 10 Mutation Analysis                              |
| CR1067                            | <input type="checkbox"/> | FLT3 Mutation Analysis                   | CR1055 <input type="checkbox"/> TP53 Sequence Analysis ^                                   |
| CR1059                            | <input type="checkbox"/> | Haem Malignancies NGS ^                  |  |
| CR1021                            | <input type="checkbox"/> | JAK2 Exon 12/13 HRM Mutation Analysis    |  |
| ^ Consent form required           |                          |  |  |

|                              |                          |                            |  |
|------------------------------|--------------------------|----------------------------|--|
| <b>PHARMACOGENETIC TESTS</b> |                          |                            |  |
| CR1007                       | <input type="checkbox"/> | CYP2C19 Genotyping         | CR1063 <input type="checkbox"/> HLA-B*58:01 Detection      |
| CR1028                       | <input type="checkbox"/> | CYP2D6 Genotyping with CNV | CR1062 <input type="checkbox"/> PGx Targeted Panel         |
| CR1025                       | <input type="checkbox"/> | CYP3A5 Genotyping          | CR1006 <input type="checkbox"/> TPMT and NUDT15 Genotyping |
| CR1061                       | <input type="checkbox"/> | DPYD Genotyping            | CR1024 <input type="checkbox"/> Warfarin Genotyping        |
| CR1016                       | <input type="checkbox"/> | HLA-B*15:02 Genotyping     | CR1068 <input type="checkbox"/> UGT1A1 Genotyping          |

|                         |                          |                              |   |
|-------------------------|--------------------------|------------------------------|---|
| <b>OTHERS</b>           |                          |                              |   |
| CR1044                  | <input type="checkbox"/> | GASTROClear                  | CR1064 <input type="checkbox"/> Targeted Variant Analysis ^ |
| CR1029                  | <input type="checkbox"/> | NOTCH3 Targeted Sequencing ^ | <b>Gene:</b> _____  |
| CR1057                  | <input type="checkbox"/> | TTR Sequence Analysis ^      | <b>Variant:</b> _____                                       |
| ^ Consent form required |                          |                              |   |

|                           |                          |   |                |
|---------------------------|--------------------------|---|----------------|
| <b>CUSTOMISED TEST **</b> |                          |   |                |
| CR1001                    | <input type="checkbox"/> | Test name _____                               |                |
|                           |                          | Test price \$ _____                           | Case No. _____ |
| CR1023                    | <input type="checkbox"/> | Sample delivery charges \$ _____ (before GST) |                |

|                |
|----------------|
| <b>REMARKS</b> |
|                |

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