

**Department of Laboratory Medicine
Sendout Test (Non-CCOE) Request Form**

Note: This requisition form can be partially completed if it is to provide the required information for test referrals.

To request a form, contact laboratory: Tel. no. 67724912

Email: labmed_client_services@nuhs.edu.sg

Requesting Doctor Information

Name : _____ MCR No. : _____ Signature : _____ Contact No: _____

Patient Information

Date of Request : _____ Location : Ward _____ Clinic _____

Paste patient's sticky label here

Paste patient's family member's sticky label here
(if applicable)

Paste patient's family member's sticky label here
(if applicable)

Test / Referral Lab Information

Local Referral Overseas Referral (requires to meet MOH criteria)

Name of Referral Lab : TTSH Immunology Lab

Name of Lab Test : HLA B58:01 Gentotyping

Referral Lab Test Code : _____ (to be provided by Lab if applicable)

Referral Lab Request Form Required : No Yes (Complete the form provided by lab)

Referral Lab Consent Form Required : No Yes (Complete the form provided by lab)

Other paperwork to be sent to Lab : No Yes (Please state)

Specimen Type

- | | |
|---|---|
| <input type="checkbox"/> Blood in Lavender Top (EDTA) _____ mL | <input type="checkbox"/> Blood in Gold Top (SSTII) _____ mL |
| <input type="checkbox"/> Blood in Dark Green Top (Li Heparin) _____ mL | <input type="checkbox"/> Extracted DNA / Source _____ |
| <input type="checkbox"/> Blood in Red Top _____ mL | <input type="checkbox"/> Tissue / Source _____ |
| <input checked="" type="checkbox"/> Others Citrate tube 1 x 2.7 mL (Blue Top) | |

Specimen Collection / Handling Information

Specimen must be sent to NUH Lab :

- At ambient temperature Protect from light
 On ice Others _____

Specimen must be sent to Referral Lab :

- At ambient temperature Protect from light
 On ice (Frozen) Others _____

Special Collection Instructions: _____

Billing Information

NUH Price (Full Cost, incl. test fee, shipping / courier fee and lab service)

Price: _____ Charge code : **36970**

Patient Self Pay Test Fee via Credit Card (Patient will be charged for shipping / courier fee and lab service)

Price for shipping/courier/NUH lab service: _____ Charge code : _____

Note : All prices indicated exclude GST and non-resident surcharges. Price is only valid at the time of request.

Do not copy prefilled forms for future use as price is subjected to change.

For Lab Use Only

NUH Test Code : B5801

- | | | |
|--|--|--|
| Processed Sample Type: <input checked="" type="checkbox"/> Whole Blood | <input type="checkbox"/> Serum /Plasma | <input type="checkbox"/> Others: _____ |
| Processed Sample Storage Temperature: <input checked="" type="checkbox"/> Refrigerated | <input type="checkbox"/> Frozen | |
| Shipping Temperature: <input type="checkbox"/> Ambient | <input type="checkbox"/> Refrigerated | <input type="checkbox"/> Frozen |