

**Department of Laboratory Medicine
Test Add-on Request Form**

Note: *The add-on test cannot be processed as URGENT.
If the test is URGENT, please draw a fresh sample with a new order*

Date of request : _____
 Lab Accn no. for test(s) to be add-on: _____
 Date/time of original sample collection: _____

For information, please call

Clinical Chemistry x 24346	Microbiology x 24343	Blood Transfusion Service x 22305
	Haematology x 22323	Molecular Diagnosis Centre x 24384

Patient demographics / Contact information:

Name of Requesting Doctor*: _____
 Requesting Doctor's MCR no.*: _____
 Signature of requesting Doctor*: _____
 Ward/ Clinic*: _____
 Contact number: _____

Mandatory Information

Name: _____
 NRIC: _____
 Gender: _____
 Date of Birth: _____
 Account Number: _____

*** Denotes mandatory fields. If the required fields are not filled in, the add-on request may be rejected.**

Please paste label upright and within the box

Chemistry / Haematology test(s) to add-on:

Please note that only the tests listed in this form are allowed to be added onto the previous sample collected in suitable tube type within the specified time limits. Add-on request is not allowed for previous samples collected in microtainer tubes.

Time Limits	Panel(s)	Individual Test (s)		
2 hours	N/A	<input type="checkbox"/> CKMB <input type="checkbox"/> Troponin I	<input type="checkbox"/> CK	
4 hours	N/A	<input type="checkbox"/> APTT <input type="checkbox"/> PTINR <input type="checkbox"/> Dengue Screen	<input type="checkbox"/> D-Dimer <input type="checkbox"/> TCT <input type="checkbox"/> Calcium, Adjusted	<input type="checkbox"/> Fibrinogen <input type="checkbox"/> Amikacin <input type="checkbox"/> Calcium, Total
8 hours	<input type="checkbox"/> Lipid Panel (fasting sample only)	<input type="checkbox"/> β-hCG, Total <input type="checkbox"/> Carbamazepine <input type="checkbox"/> Cortisol, serum <input type="checkbox"/> Digoxin <input type="checkbox"/> Estradiol <input type="checkbox"/> Follicle Stimulating Hormone	<input type="checkbox"/> Gentamicin <input type="checkbox"/> Glucose (SST/PST only) <input type="checkbox"/> Luteinising Hormone <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Phenytoin <input type="checkbox"/> Progesterone <input type="checkbox"/> Prolactin	<input type="checkbox"/> Prostate Specific Antigen <input type="checkbox"/> Testosterone <input type="checkbox"/> Theophylline <input type="checkbox"/> Valproate <input type="checkbox"/> Vancomycin
24 hours	<input type="checkbox"/> Liver Panel (excluding Bilirubin) <input type="checkbox"/> Renal Panel #1 <input type="checkbox"/> Thyroid Screen #1	<input type="checkbox"/> Albumin <input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> Alanine Transaminase <input type="checkbox"/> Amylase <input type="checkbox"/> Aspartate Transaminase <input type="checkbox"/> Chloride <input type="checkbox"/> Creatinine <input type="checkbox"/> C-Reactive Protein	<input type="checkbox"/> γ-glutamyl transferase <input type="checkbox"/> Glycated Haemoglobin <input type="checkbox"/> Lactate Dehydrogenase <input type="checkbox"/> Lipase <input type="checkbox"/> Magnesium <input type="checkbox"/> NT-proBNP <input type="checkbox"/> Phosphate	<input type="checkbox"/> Potassium <input type="checkbox"/> Procalcitonin <input type="checkbox"/> Sodium <input type="checkbox"/> Free Thyroxine (ft4) <input type="checkbox"/> Thyroid Stimulating Hormone <input type="checkbox"/> Urea <input type="checkbox"/> Uric Acid

Microbiology / Molecular Diagnostic Centre / Blood Transfusion Services test(s) to add-on:

Tests: _____

