

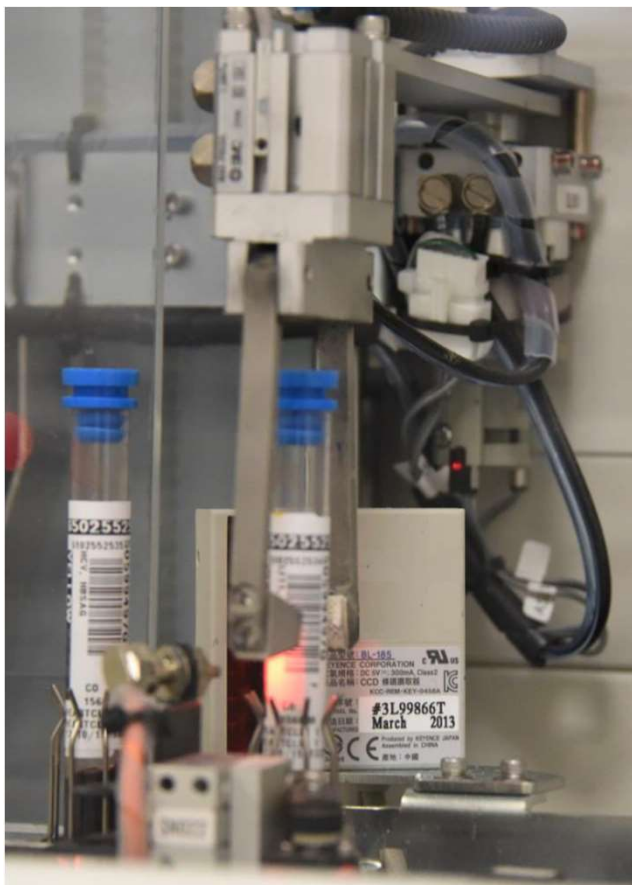
SPECIMEN COLLECTION AND LABELLING



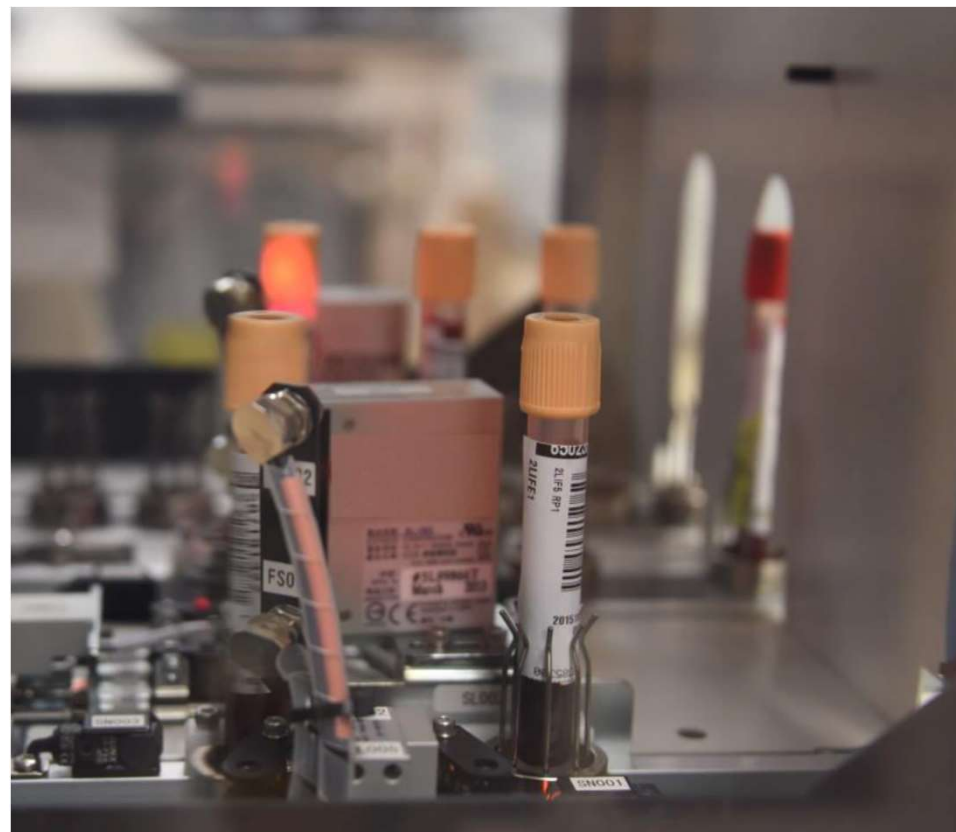


IN THE DEPARTMENT OF LABORATORY MEDICINE...

To better serve our patients in the hospital and in our healthcare system, and to process the samples efficiently, we equipped our laboratory with Laboratory Automation System and other instruments.



Better equipment comes
with more complex
technologies



We have barcode readers and sensors to
automate the process.

AUTOMATION = FASTER TAT!

Points to Note for Good Sample Results

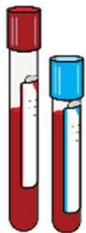
1. Type of sample



2. Information on iSMART labels



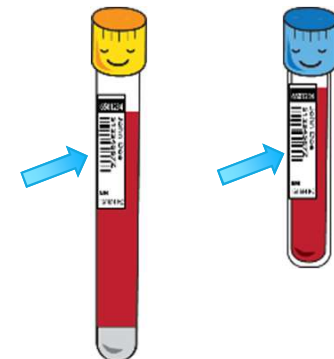
3. Adequate sample volume

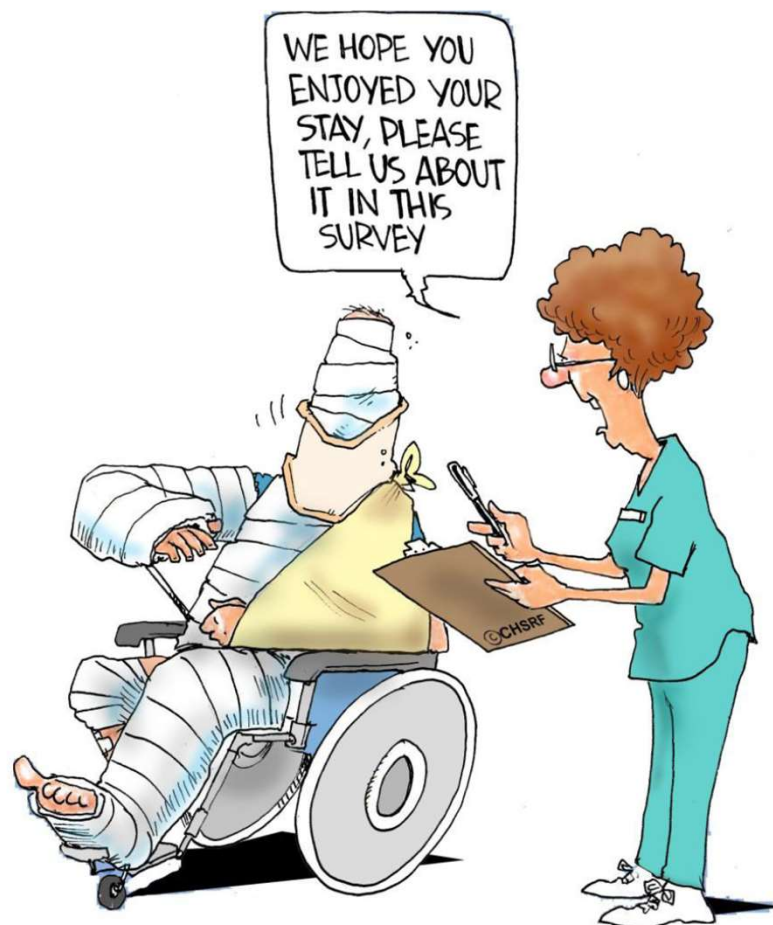


4. Quality of sample



5. Alignment of Laboratory Accession label





PLEASE HELP US TO HELP YOU...

To IMPROVE PATIENT'S EXPERIENCE DURING THEIR STAY:

- Reducing redraw
- Improving the results TAT

Points to Note for Good Sample Results

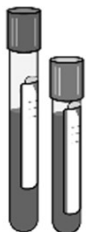
1. Type of sample



2. Information on iSMART labels



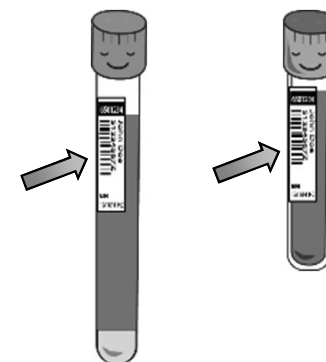
3. Adequate sample volume



4. Quality of sample



5. Alignment of Laboratory Accession label



1. Type of Sample

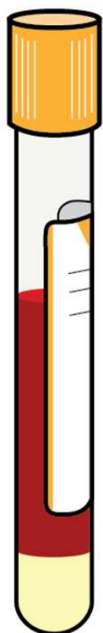
It is important to ensure the correct type of sample is collected and sent to our laboratory as soon as possible for analysis.

1. Samples with **correct tube type**
2. Samples with **correct preservative**



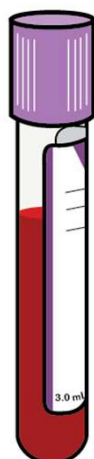
Please refer to our test catalogue for additional information on sample requirements, collection procedures, reference ranges as well as relevant information on our services.

1. Type of Sample – Tube Type



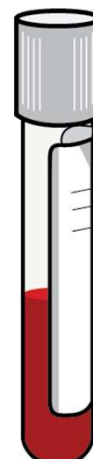
SSTII (with gel)

- Renal Panel 1 (RP1)
- Liver Panel 1 (FT1)



EDTA

- Full Blood Count (FBC)
- Mycophenolic Acid (MPA)
- Homocysteine (HCY)



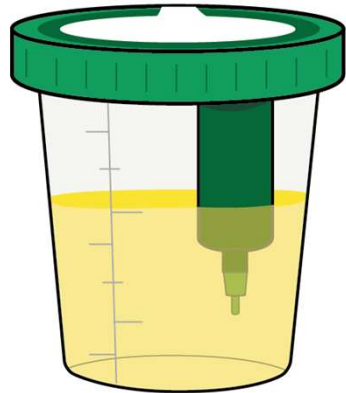
Sodium Fluoride

- Lactate (LAC)
- Glucose Fasting (GLUF)

- ✓ Check **which tube type** is appropriate for which test before collecting sample from patient
- ✓ Different tube types contain **different preservatives** which may interfere with results

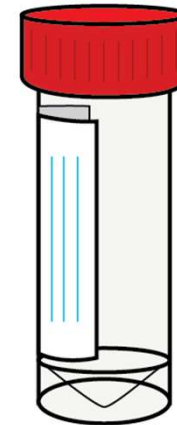
Please refer to our test catalogue for additional information on sample requirements, collection procedures, reference ranges as well as relevant information on our services.

Urine Samples – Correct Preservatives



Plain Container

- No preservatives



Boric Acid Container

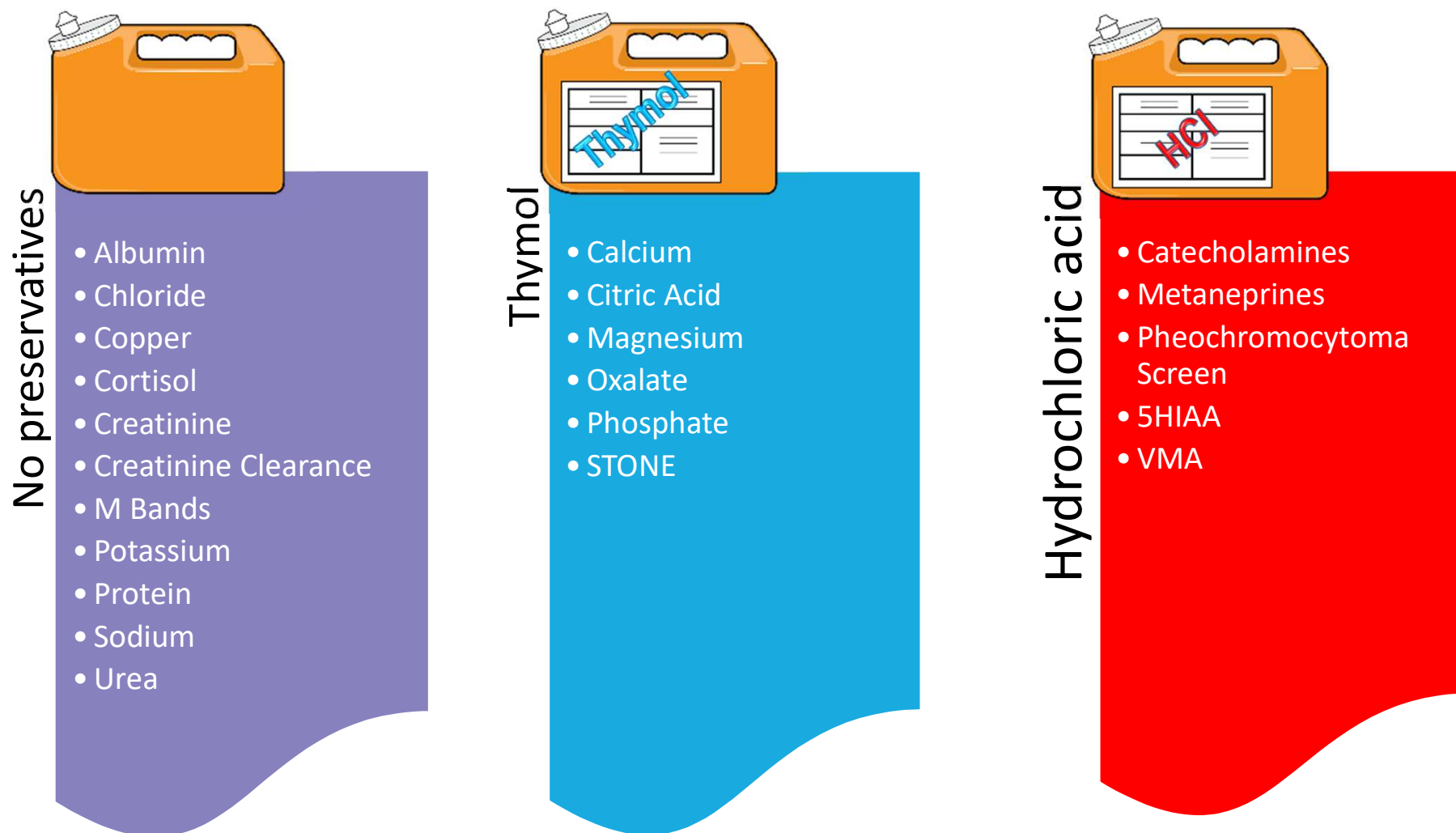
- Prevent bacterial growth
- For urine culture



Screw cap securely, but do not over tighten → Avoid leakage

- Containers cannot be use interchangeably
- Boric acid interferes with pH results and denatures protein

Use Correct Preservatives to Avoid Recollection



Please refer to our test catalogue for additional information on sample requirements, collection procedures, reference ranges as well as relevant information on our services.

Urine Preservative Guide

In cases whereby there is a combination of tests for urine samples, please refer to the guide for appropriate preservatives.

Test	Random	24h Urine	Diet/Drug Restrictions	No preservative	3 g Thymol	20 mL 6N HCl	10 g Boric Acid
Albumin	Y	Y	NIL	OK	OK		
Amylase	Y	N	NIL	OK			
5HIAA	N	Y	Diet			OK	
Aldosterone	N	Y	NIL				OK
Calcium	Y	Y	Drug		OK	OK	
Catecholamines	Y	Y	Drug			OK	
Chloride	Y	Y	NIL	OK			
Citric acid	N	Y	NIL		OK	OK	
Copper	N	Y	NIL	OK			
Cortisol	N	Y	NIL	OK			
Creatinine	Y	Y	NIL	OK	OK	OK	
M Bands	N	Y	NIL	OK			
Magnesium	N	Y	NIL		OK	OK	
Metanaphrines	Y	Y	Drug			OK	
Oxalate	N	Y	Drug		OK	OK	
Phosphate	N	Y	NIL		OK	OK	
pH, Urine	Y	N	NIL	OK	OK		
Potassium	Y	Y	NIL	OK	OK		
Sodium	Y	Y	NIL	OK	OK		
Total Protein	Y	Y	NIL	OK	OK		
Urea	N	Y	NIL	OK	OK	OK	
Uric Acid	N	Y	Diet		OK		
Vanillyl Mandelic Acid/ Homovanillic Acid	Y	Y	Diet			OK	
Panel/Profile							
Creatinine Clearance Test	N	Y	NIL	OK	OK	OK	
Creatinine Clearance & Protein, Urine Profile	N	Y	NIL	OK	OK		
Pheochromocytoma Screen	N	Y	Drug			OK	
Stone Panel	N	Y	Diet/Drug		OK		
Neuroblastoma	Y	N	NIL	OK			

Points to Note for Good Sample Results

1. Type of sample



2. Information on iSMART labels



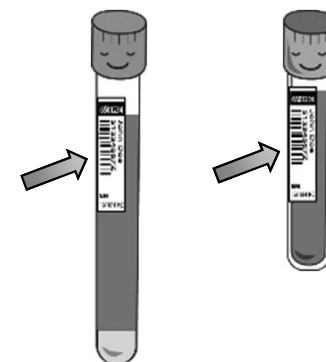
3. Adequate sample volume



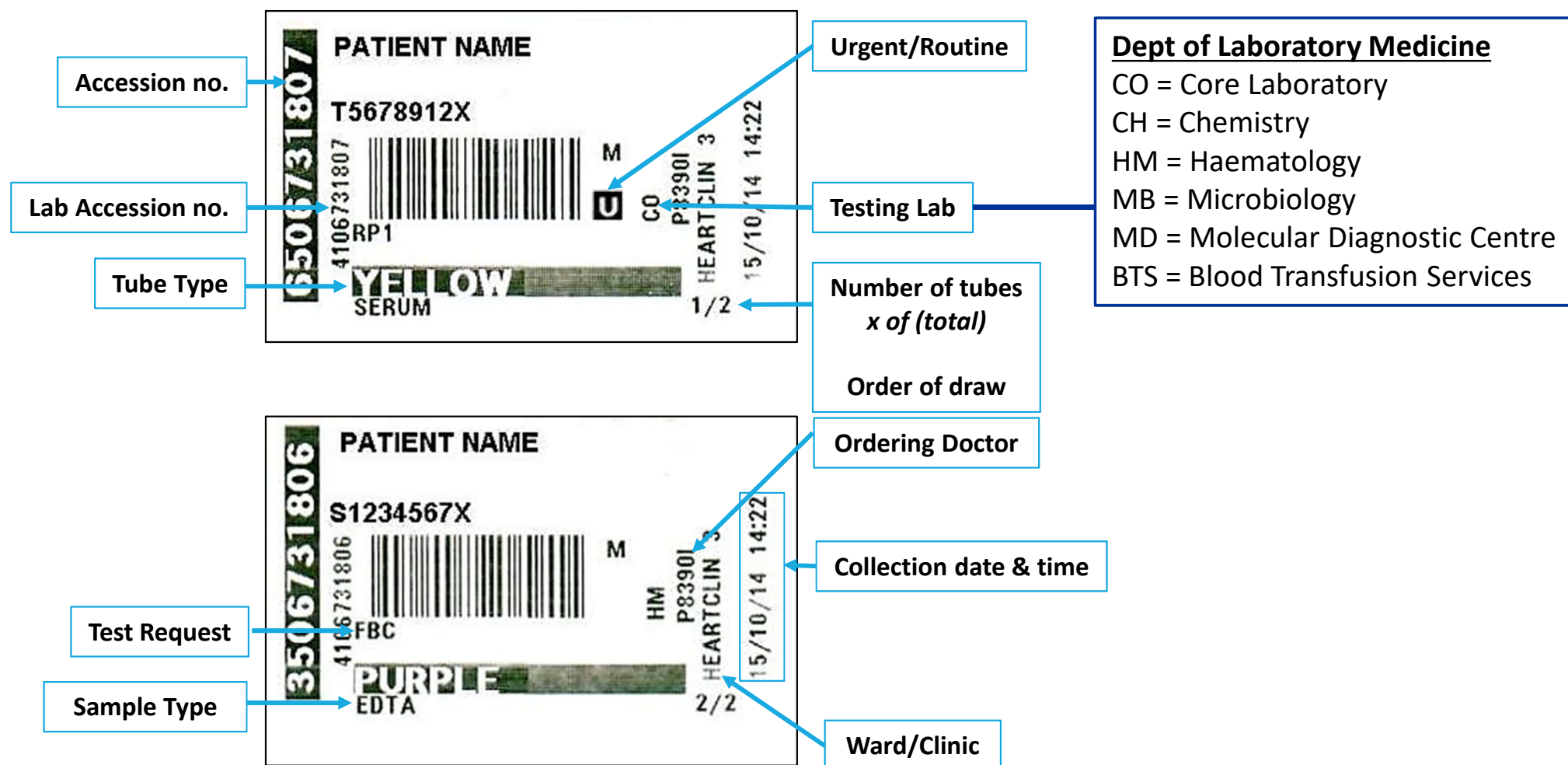
4. Quality of sample



5. Alignment of Laboratory Accession label



2. Information on iSMART Label



Points to Note for Good Sample Results

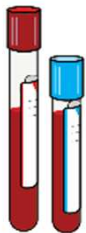
1. Type of sample



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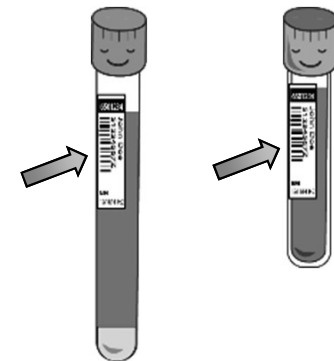
3. Adequate sample volume



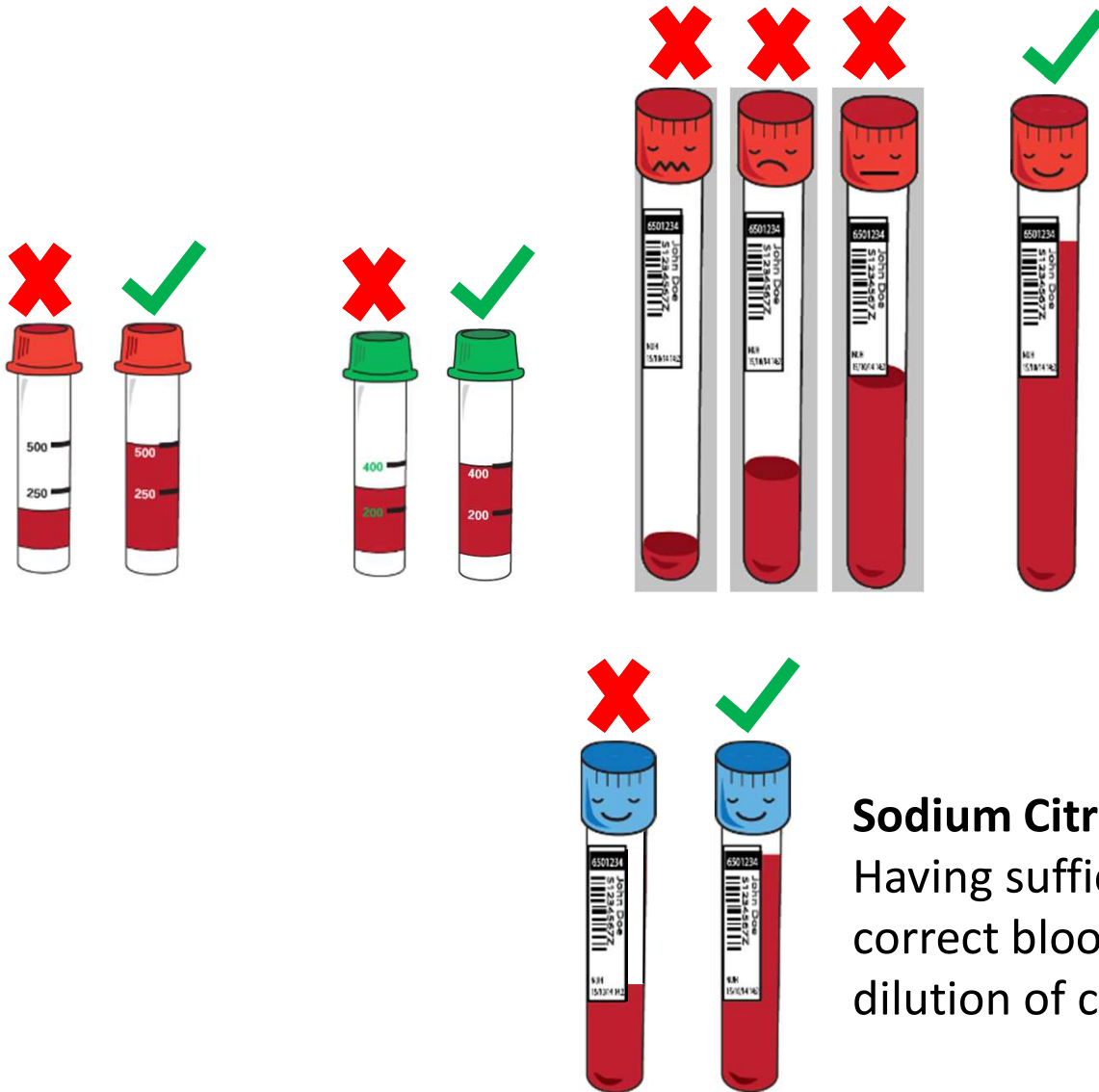
4. Quality of sample



5. Alignment of Laboratory Accession label



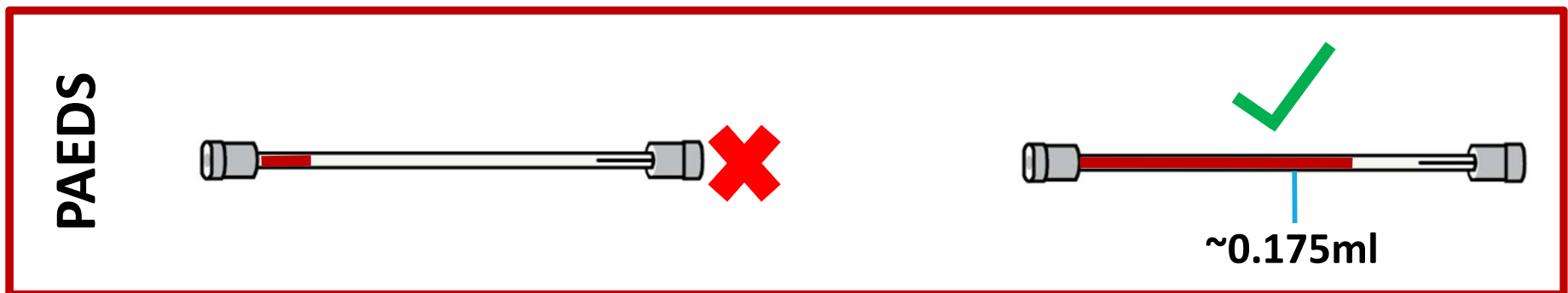
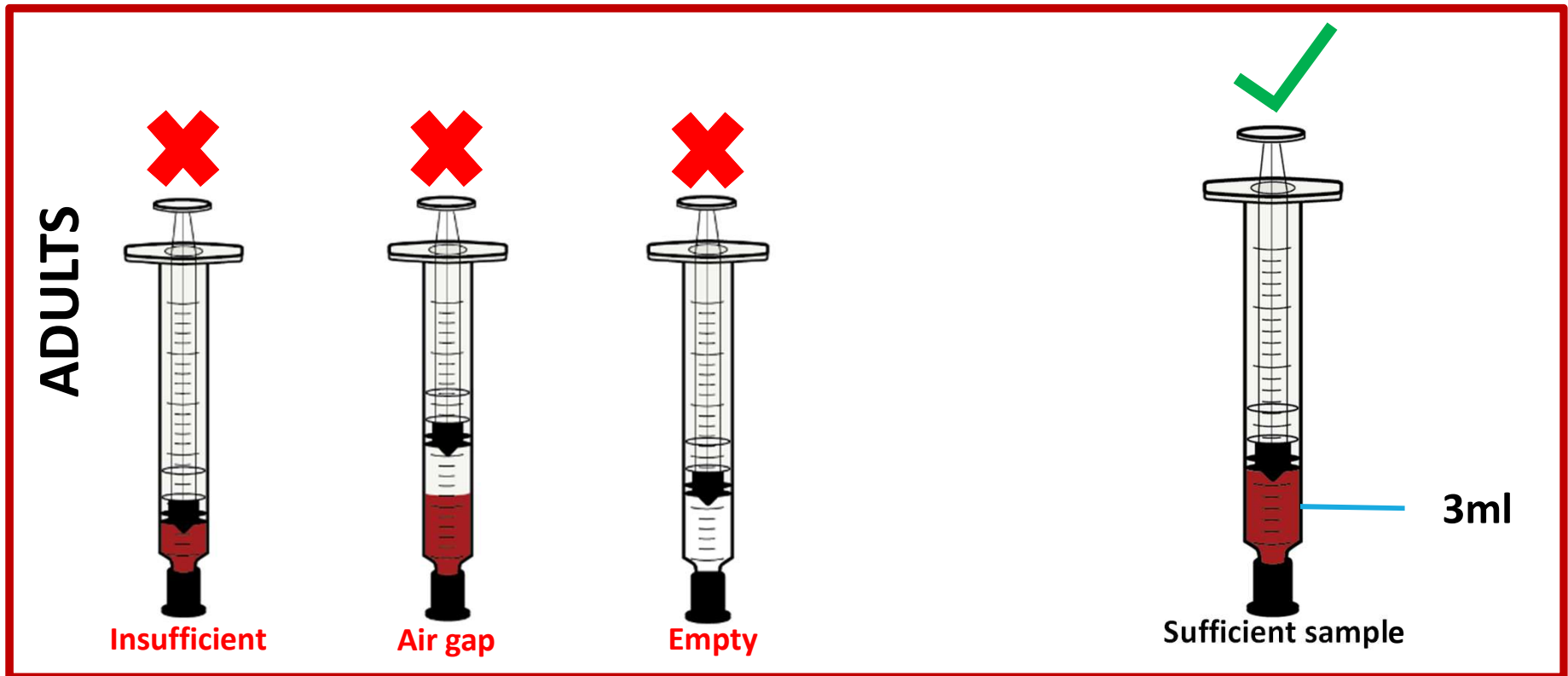
3. Adequate Sample Volume



Having sufficient blood/specimen levels ensure patients' samples can be processed on the Laboratory Automation **as soon as possible**, without manual intervention.

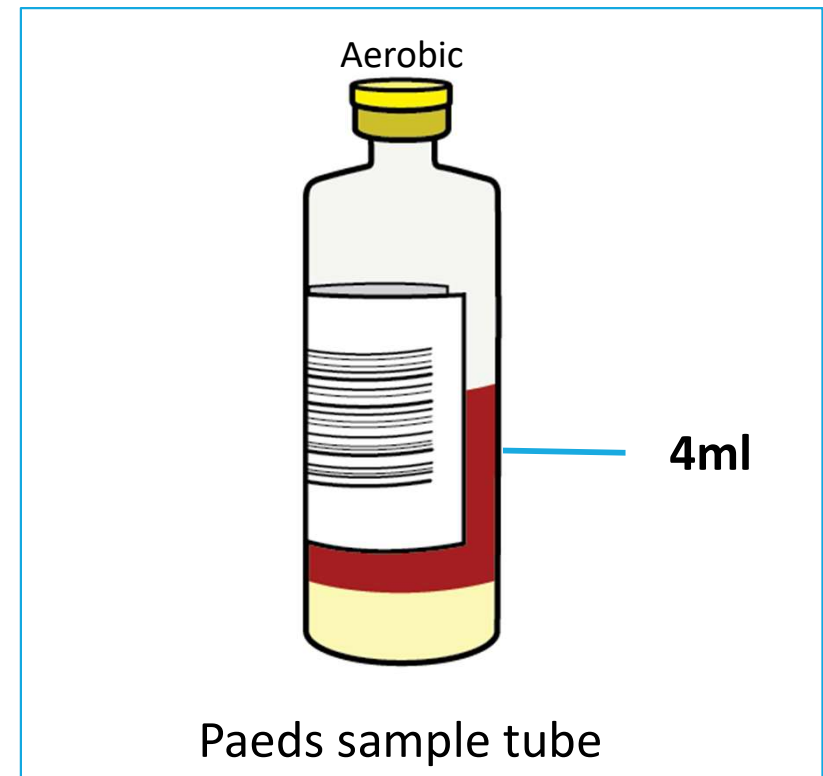
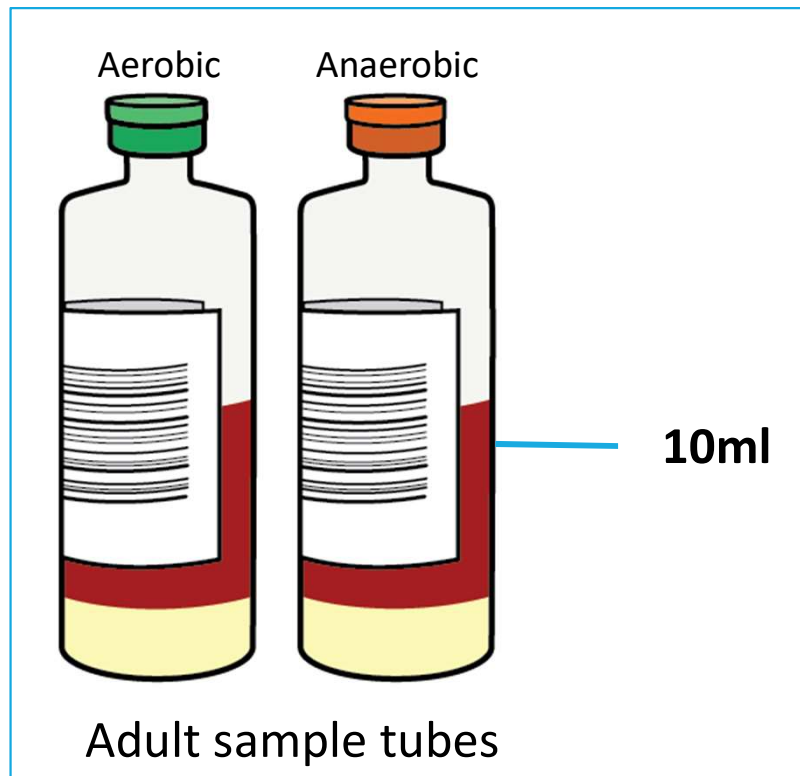
Sodium Citrate Tube Needs to be 90% filled
Having sufficient blood/specimen ensures the correct blood:anticoagulant ratio to prevent dilution of coagulation factors.

3. Adequate Sample Volume – Blood Gases



3. Adequate Sample Volume – Blood Cultures

Blood Culture bottles needs to be sufficiently filled



Lower blood volumes leads to

- False negative results
- Slower time to detection and recovery of organisms

Points to Note for Good Sample Results

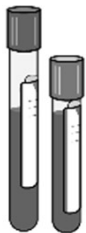
1. Type of sample



2. Information on iSMART labels



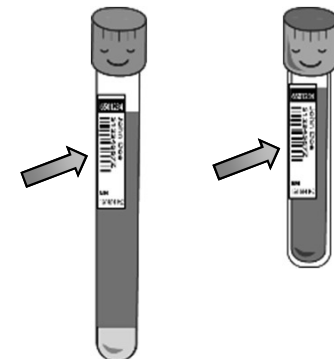
3. Adequate sample volume



4. Quality of sample



5. Alignment of Laboratory Accession label



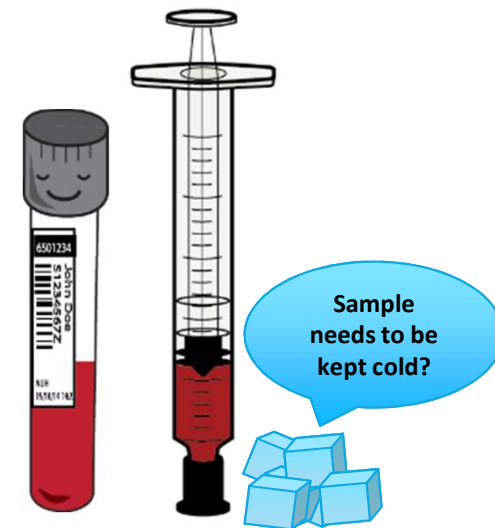
4. Quality of Sample

Recommended to separate serum/plasma from blood cells within **TWO hours** of sample collection.



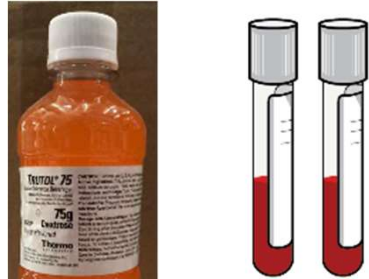
Appropriate condition of the sample for the test

- ✓ **Temperature**
- ✓ **Wrapped with foil**



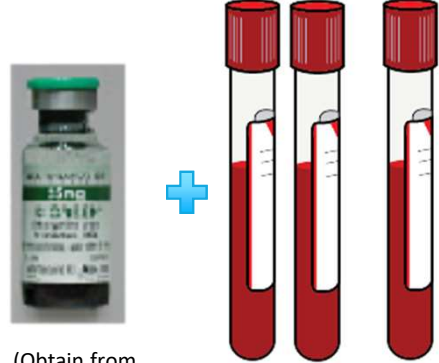
Please refer to our test catalogue for additional information on sample requirements, collection procedures, reference ranges as well as relevant information on our services.

4. Quality of Sample – Collecting at the right time



Oral Glucose Tolerance
Eg. OGT2, OGT3

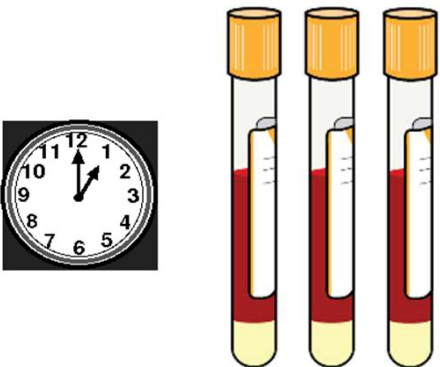
(Obtain from Lab Admin office)



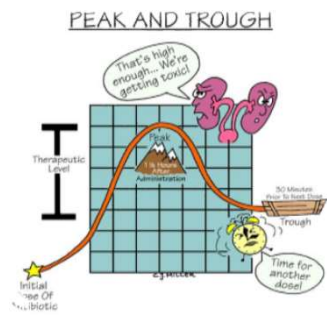
(Obtain from Pharmacy)

Indocyanine Green


0min 15min



Synacthen Test
Eg. Baseline, 30mins, 60mins

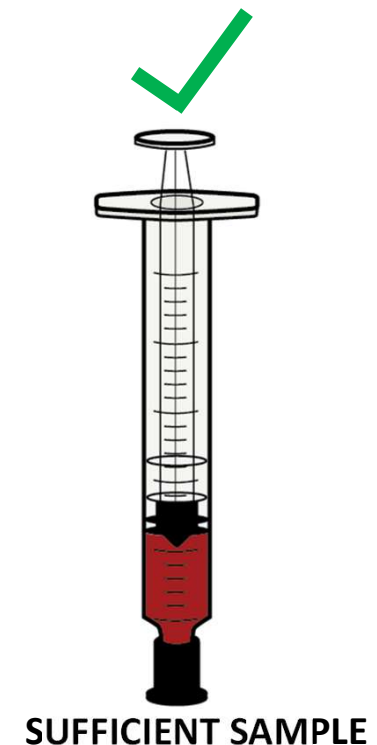
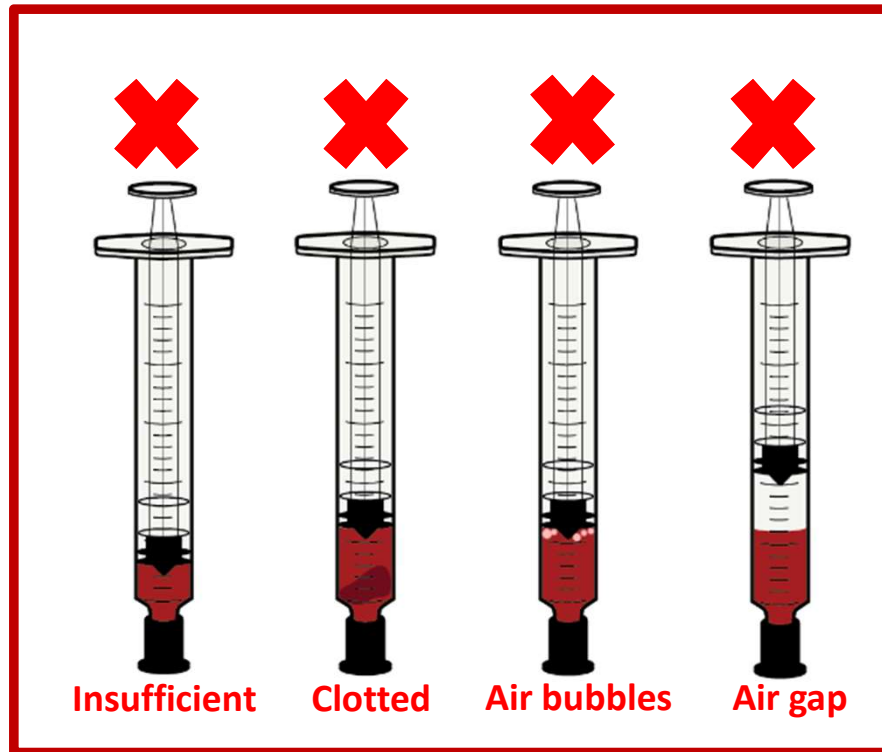


Therapeutic Drug Monitoring
Eg. Cyclosporin, Vancomycin



Diet Restriction, Fasting
Eg. Catecholamines, Metanephrines, VMA, PTH, Insulin

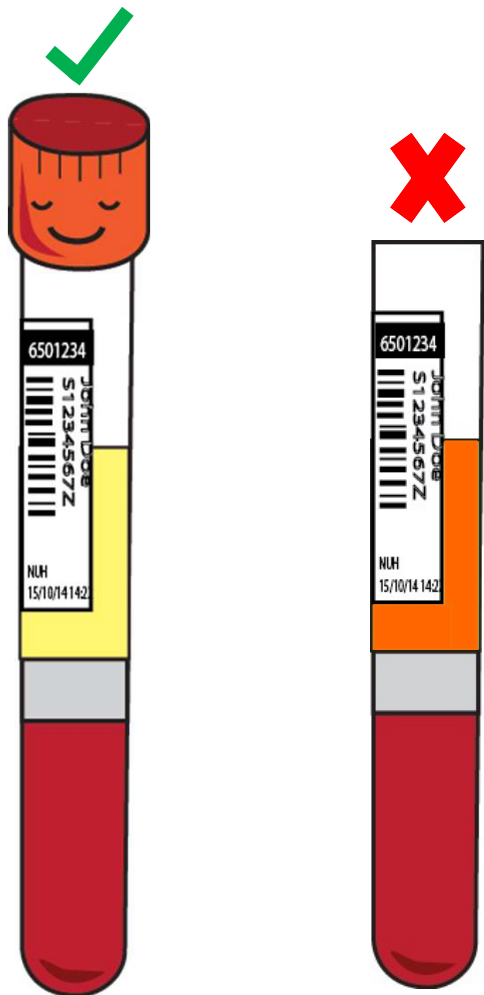
4. Quality of Sample – Blood Gases



Air bubbles may seriously affect the arterial sample, parameters related to pO_2 will be biased

→ $\uparrow pO_2$, $\downarrow pCO_2$, $\uparrow O_2$ saturation

4. Quality of Sample



Centrifuged samples

What causes **haemolysed** samples?

- Leaving tourniquet on for extended time (> 1 minute)
- Excessive fist clenching
- Vigorous mixing of blood tube
- Purging blood from syringe to vacutainer via needle
- Residual alcohol from wet swab
- Traumatic draw (collapsed vein/excessive probing)

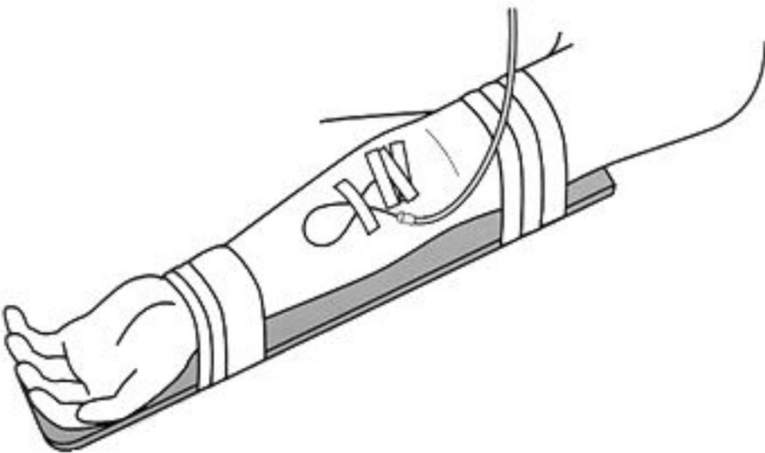
Consequences of **haemolysed** samples

- Falsely elevated Potassium and enzyme levels
- Inaccurate results
- Result will be invalidated if there is gross haemolysis
- **A repeat sample may be required**

4. Quality of Sample

What causes drip arm contaminated samples?

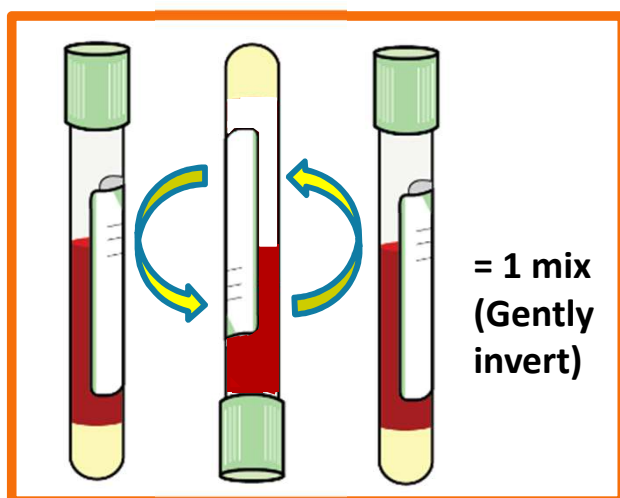
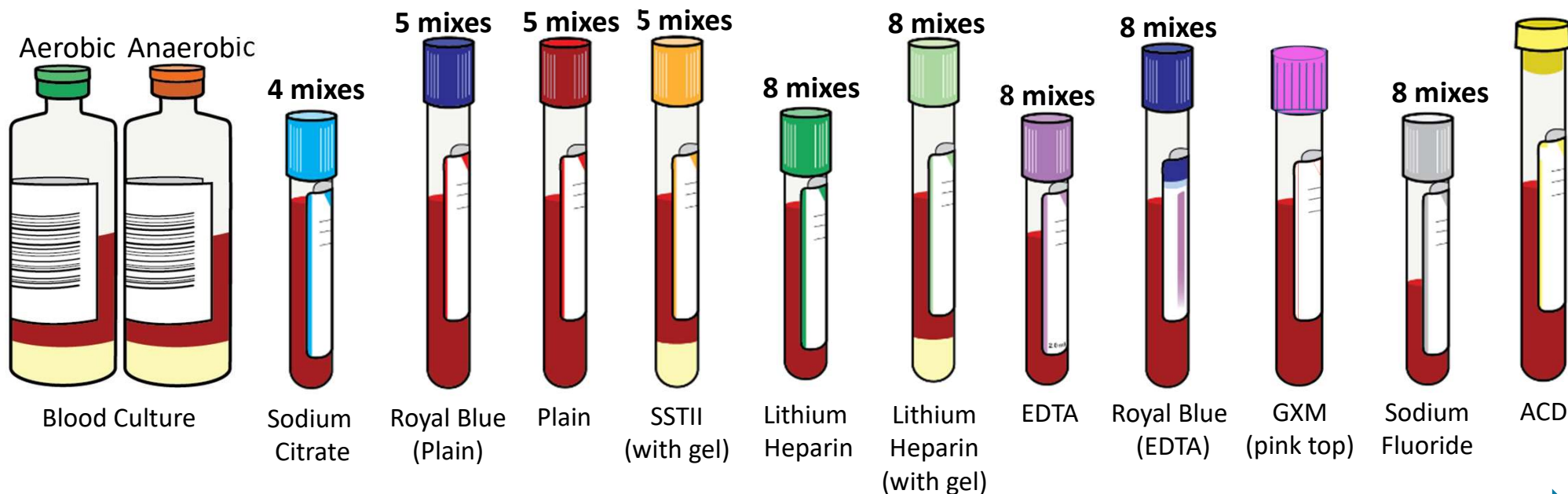
- Blood taken from the arm which an IV drip line was inserted



Consequences of drip arm contaminated samples

- Increased drip analytes e.g. Glucose, Potassium
- **Dilutional effect** which lowers other analyte concentrations
- **A repeat sample must be taken**

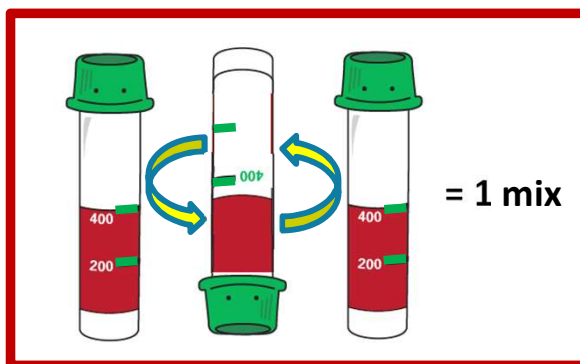
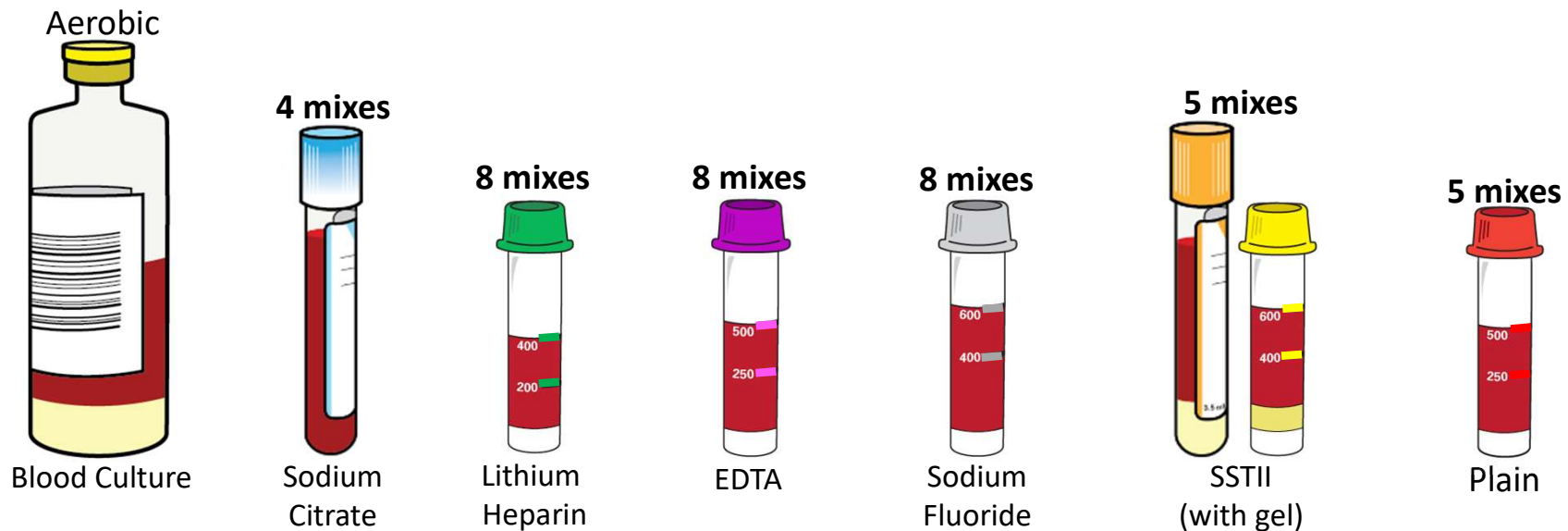
Order of Draw



NOTE:

1. Tourniquet time ≤ 1 minute
2. Use a **plain (red)** discard tube when using a **butterfly needle** if the first tube collected is **sodium citrate (blue)**
3. **Draw blood culture bottles first** (Aerobic followed by Anaerobic)

Order of Draw (Microtainer/Paeds Tube)

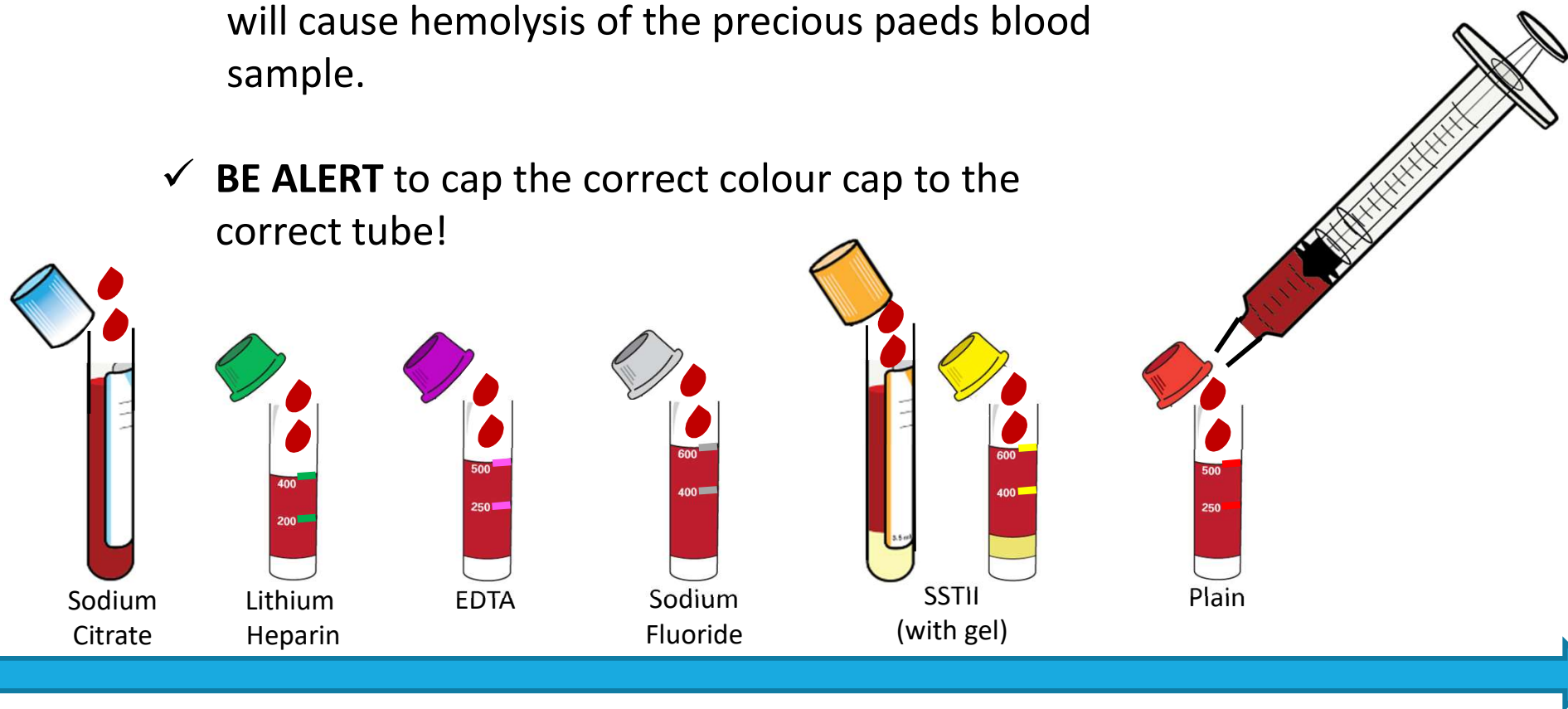


*****MIX ADEQUATELY!*****

If not mixed adequately, tubes with anticoagulants (SSTII and red tubes) will not clot completely.

Order of Draw (Microtainer/Paeds Tube)

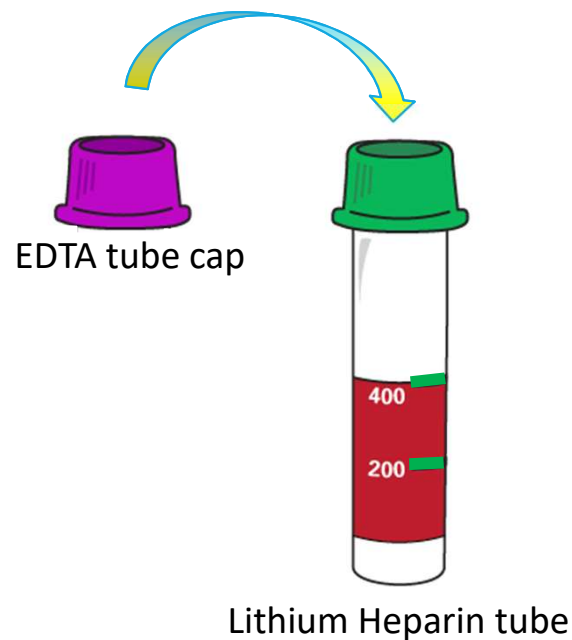
- ✓ **If aliquoting from syringe, DO NOT** purge blood from syringe to vacutainer via needle as it will cause hemolysis of the precious paed's blood sample.
- ✓ **BE ALERT** to cap the correct colour cap to the correct tube!



Remember to gently invert tubes after aliquoting to mix the anticoagulant.

Please refer to Lab Medicine > Test Catalogue > Test Collection Information > Paediatrics Collection Guide for more information on number of blood tubes to collect for tests required.

4. Quality of Sample – Order of Draw



What causes EDTA contaminated samples?

1. Incorrect order of draw (EDTA tube drawn before SST or Red top tube)
 2. The wrong (EDTA) cap is being replaced on the lithium heparin green top tube for plasma collection
- This causes **EDTA contamination** in serum tubes

Consequences of EDTA contaminated samples

- Falsely elevated Potassium
- Falsely low Calcium and ALP results
- **A repeat sample must be taken**

Points to Note for Good Sample Results

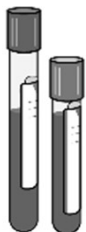
1. Type of sample



2. Information on iSMART labels



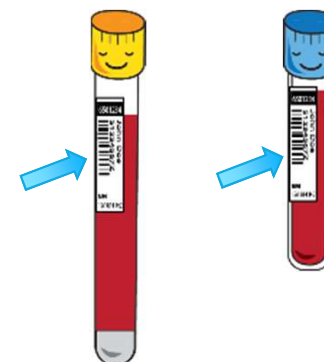
3. Adequate sample volume



4. Quality of sample



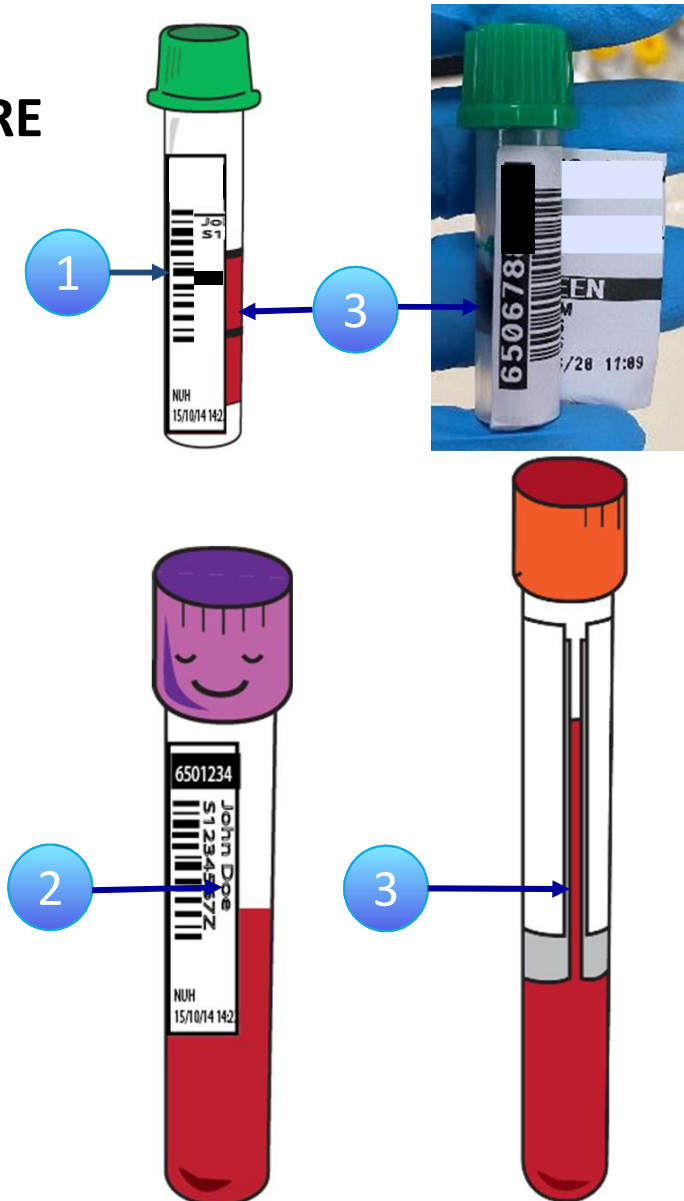
5. Alignment of Laboratory Accession label



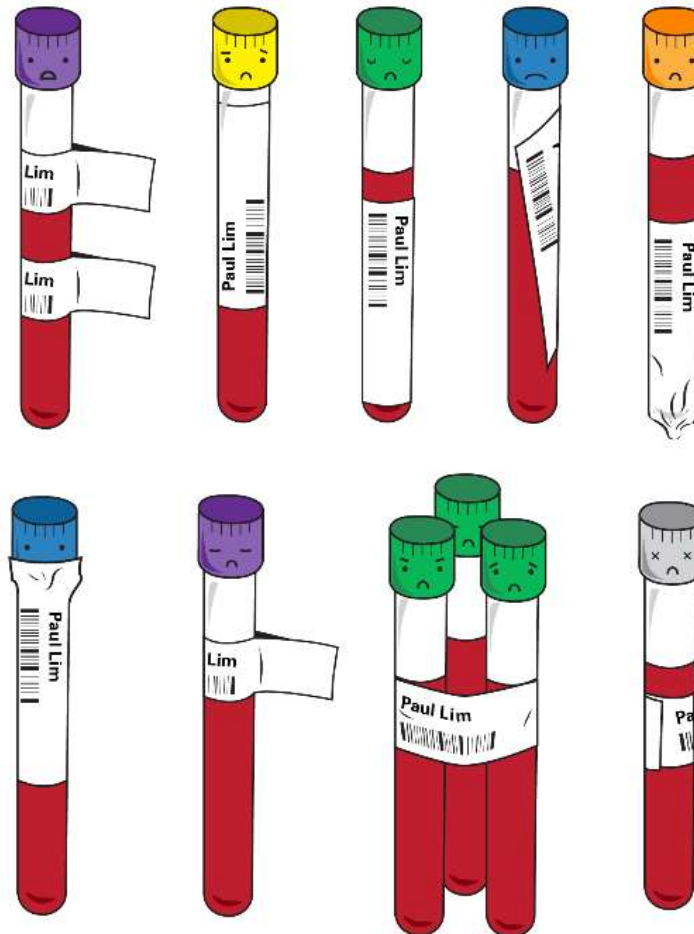
5. Labelling Sample Tubes Correctly

When sticking labels on sample tubes, **MAKE SURE**

- 1 Barcode is aligned straight for analyser barcode readers to read
- 2 **Unique Identifiers** are visible
 - ✓ Patient Name
 - ✓ Patient I/C Number
- 3 Leave a visible window to allow laboratory personnel to check



5. Labelling Sample Tubes Correctly



UNACCEPTABLE EXAMPLES OF SPECIMEN LABELLINGS

These types of specimen labelling are not accepted by our Laboratory Automation System

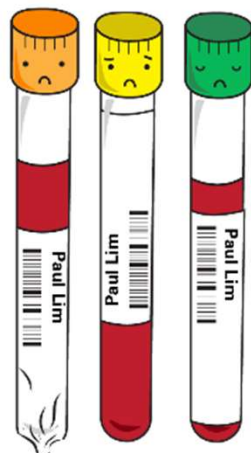
- Manual intervention is required to reprint the appropriate labels
- Causes increased result turnaround time
- **Results in a longer waiting time for the patient = Unhappy experience for patient**

5. Labelling Sample Tubes Correctly



Barcode position not straight

- Barcode cannot be read



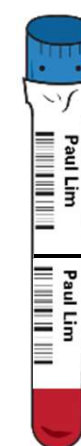
Barcode position too low

- Barcode cannot be read
- Wrinkled label at the bottom of tube may cause mechanical error



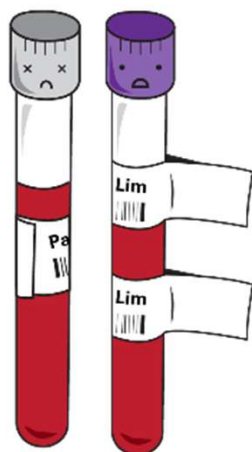
Barcode label over the cap

- Tube cap cannot be removed by analyser



2 barcode labels on 1 tube

- 2 barcodes read
- Confuses automation system



Barcode in wrong direction

- Barcode cannot be read



No barcode label on tube

- Do not know sample belongs to which patient
- **Compromises Patient Safety**

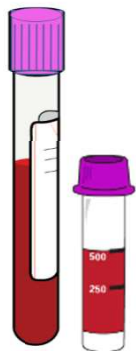


Many tubes sharing 1 barcode labels

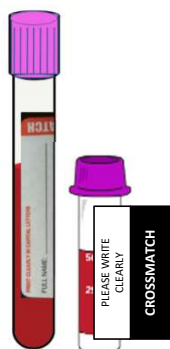
- Cannot be loaded on Automation system
- **Compromises Patient Safety**

Group and Crossmatch Tube

ALWAYS check the identity of the patient and labels must be hand-written



DO NOT pre label tubes



Samples collection **MUST** be a **continuous process**

To prevent transcription errors

A leading cause of fatal transfusion reactions



- ✓ PATIENT FULL NAME
- ✓ PATIENT NRIC NO
- ✓ Phlebotomist's signature
- ✓ DATE & TIME

PRINT CLEARLY IN CAPITAL LETTERS

FULL NAME: _____

NRIC NO: _____

DRAWN BY (SIGN): _____

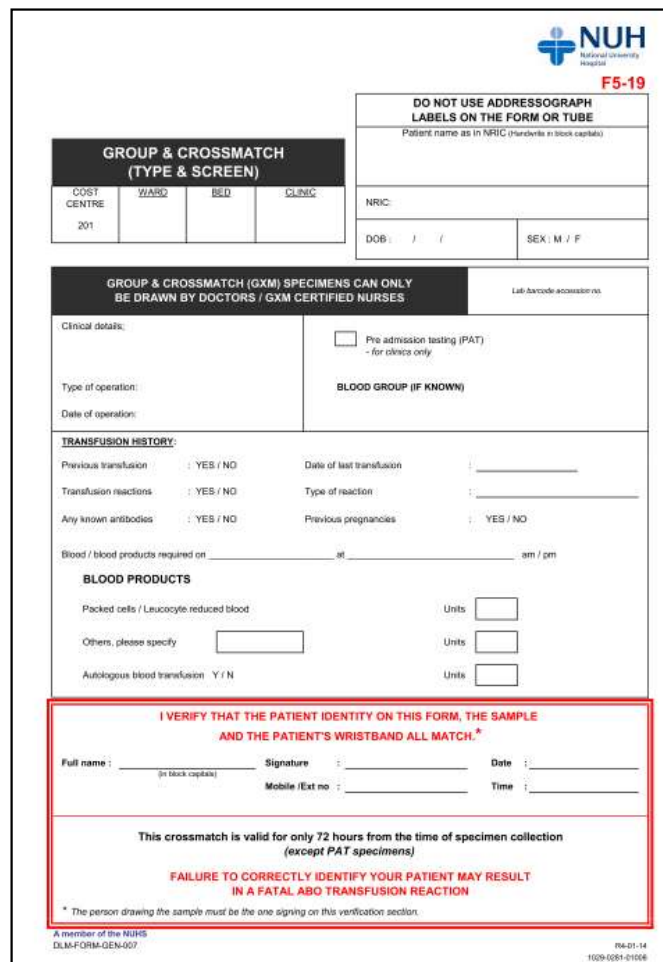
DATE SAMPLE TAKEN: _____

TIME SAMPLE TAKEN: _____

CROSSMATCH

Please refer to Lab Medicine > Test Catalogue > Test Collection Information > Blood Transfusion Services Collection Information

Group and Crossmatch Form



NUH
National University Hospital
F5-19

DO NOT USE ADDRESSOGRAPH LABELS ON THE FORM OR TUBE
Patient name as in NRIC (handwritten in block capitals)

GROUP & CROSSMATCH (TYPE & SCREEN)

COST CENTRE	WARD	BED	CLINIC
201			

NRIC: _____
DOB: / / SEX: M / F

GROUP & CROSSMATCH (GXM) SPECIMENS CAN ONLY BE DRAWN BY DOCTORS / GXM CERTIFIED NURSES

Clinical details: _____
Type of operation: _____
Date of operation: _____

☐ Pre admission testing (PAT) - for clinics only

BLOOD GROUP (IF KNOWN)

TRANSFUSION HISTORY:

Previous transfusion: YES / NO Date of last transfusion: _____
Transfusion reactions: YES / NO Type of reaction: _____
Any known antibodies: YES / NO Previous pregnancies: YES / NO

Blood / blood products required on _____ at _____ am / pm

BLOOD PRODUCTS

Packed cells / Leucocyte reduced blood Units: _____
Others, please specify: _____ Units: _____
Autologous blood transfusion: Y / N Units: _____

I VERIFY THAT THE PATIENT IDENTITY ON THIS FORM, THE SAMPLE AND THE PATIENT'S WRISTBAND ALL MATCH.*

Full name: _____ (in block capitals) Signature: _____ Date: _____
Mobile / Ext no: _____ Time: _____

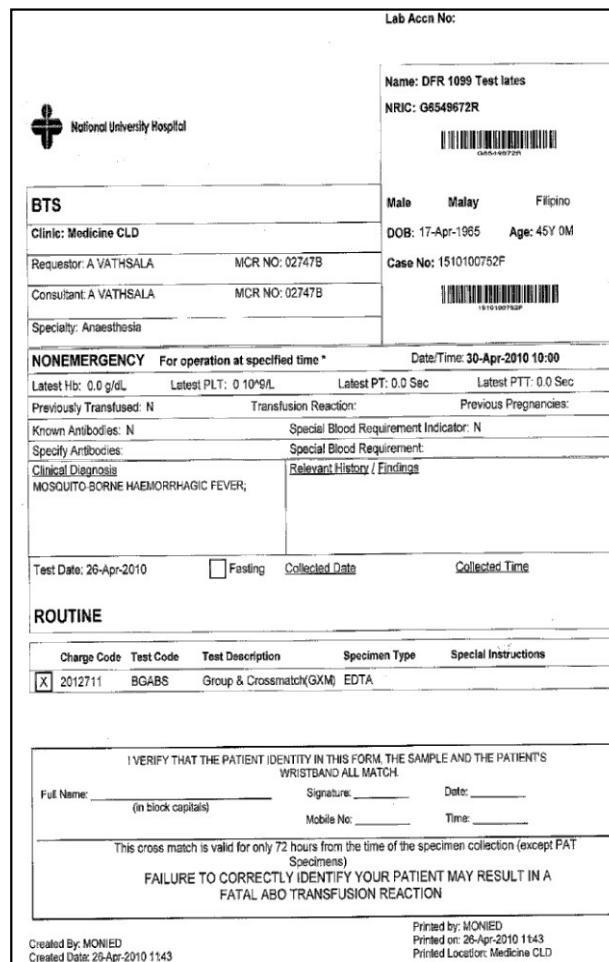
This crossmatch is valid for only 72 hours from the time of specimen collection (except PAT specimens)

FAILURE TO CORRECTLY IDENTIFY YOUR PATIENT MAY RESULT IN A FATAL ABO TRANSFUSION REACTION

* The person drawing the sample must be the one signing on this verification section.

A member of the NUHS DLM-FORM-GEN-007 16-01-14 1029-0281-01006

Paper Form



Lab Accn No: _____

NUH
National University Hospital

Name: DFR 1099 Test lates
NRIC: G6549672R

Male Male Filipino
DOB: 17-Apr-1965 Age: 45Y 0M
Case No: 1510100752F

BTS
Clinic: Medicine CLD
Requestor: A VATHSALA MCR NO: 02747B
Consultant: A VATHSALA MCR NO: 02747B
Specialty: Anaesthesia

NONEMERGENCY For operation at specified time * Date/Time: 30-Apr-2010 10:00
Latest Hb: 0.0 g/dL Latest PLT: 0 10⁹/L Latest PT: 0.0 Sec Latest PTT: 0.0 Sec
Previously Transfused: N Transfusion Reaction: _____ Previous Pregnancies: _____
Known Antibodies: N Special Blood Requirement Indicator: N
Specify Antibodies: _____ Special Blood Requirement: _____
Clinical Diagnosis: MOSQUITO-BORNE HAEMORRHAGIC FEVER; Relevant History / Findings: _____

Test Date: 26-Apr-2010 ☐ Fasting Collected Date: _____ Collected Time: _____

ROUTINE

Charge Code	Test Code	Test Description	Specimen Type	Special Instructions
<input checked="" type="checkbox"/> 2012711	BGABS	Group & Crossmatch(GXM)	EDTA	

I VERIFY THAT THE PATIENT IDENTITY IN THIS FORM, THE SAMPLE AND THE PATIENT'S WRISTBAND ALL MATCH.

Full Name: _____ (in block capitals) Signature: _____ Date: _____
Mobile No: _____ Time: _____

This cross match is valid for only 72 hours from the time of the specimen collection (except PAT Specimens)

FAILURE TO CORRECTLY IDENTIFY YOUR PATIENT MAY RESULT IN A FATAL ABO TRANSFUSION REACTION

Created By: MONIED
Created Date: 29-Apr-2010 1143
Printed by: MONIED
Printed on: 26-Apr-2010 1143
Printed Location: Medicine CLD

Aurora Form



Handwritten in capitals

- PATIENT NAME
- PATIENT NRIC
- DATE OF BIRTH




Give history



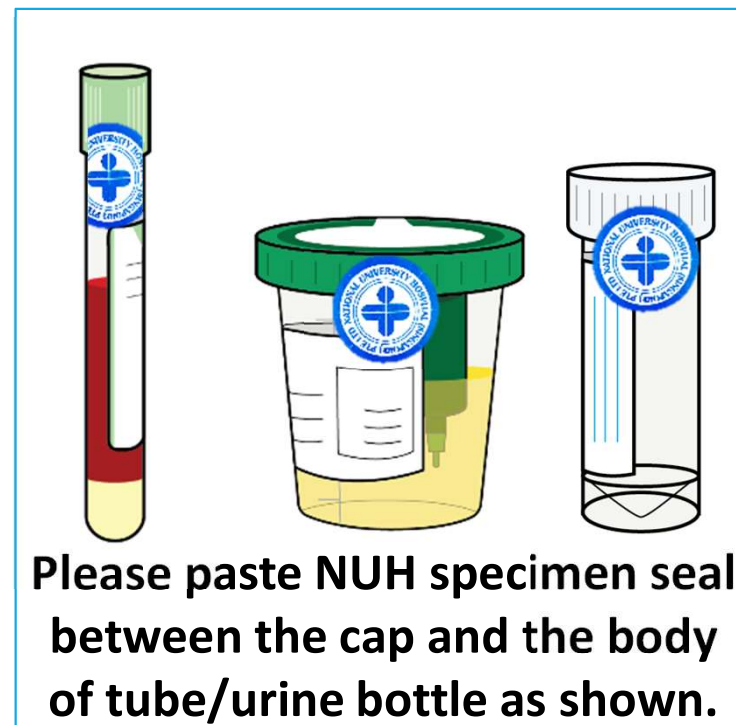
Dated & signed by
phlebotomist

Toxicology Forms

TO: ANALYTICAL TOXICOLOGY LABORATORY, HEALTH SCIENCES AUTHORITY 11 Outram Road, HSA Building, Singapore 169078 (Tel: 6213-0740)		
From : National University Hospital 5, Lower Kent Ridge Road, Singapore 119074 (Tel : 67724346)		
REQUEST FOR TOXICOLOGICAL INVESTIGATION		PATIENT'S PARTICULARS NAME: _____ NRIC / PP NO: _____ SEX / BIRTH DATE / RACE: _____ DATE / TIME OF ADMISSION: _____
UNIT	WARD	BED
NATURE OF CASE <input type="checkbox"/> CLINICAL <input type="checkbox"/> POLICE CASE POLICE DIV: _____ POLICE REPORT NO: _____ NAME OF OFFICER: _____ CIRCUMSTANCES <input type="checkbox"/> SUSPECTED DRUNKEN DRIVING / ROAD TRAFFIC ACCIDENT <input type="checkbox"/> DISORDERLY BEHAVIOURS <input type="checkbox"/> OTHERS SPECIFY: _____ <input type="checkbox"/> SUSPECTED POISONING		FOR TOXICOLOGY LAB USE: Received by: _____ Date: _____
CLINICAL HISTORY / SYMPTOMS _____ _____ _____		
DRUGS / POISONS SUSPECTED _____ _____		
SPECIMEN SUBMITTED <input type="checkbox"/> BLOOD (Heparinised, Time Taken: _____) <input type="checkbox"/> URINE <input type="checkbox"/> STOMACH ASPIRATE <input type="checkbox"/> OTHERS _____		
TEST REQUESTED (Please tick. Please note that each test requires at least 1 ml of specimen, except for general drugs screen which requires 2 ml of specimen) <input type="checkbox"/> ALCOHOLS <input type="checkbox"/> METFORMIN <input type="checkbox"/> TOLUENE (test will also include alcohols & other volatiles*) <input type="checkbox"/> SULFONYLUREAS / ANTIDIABETICS * <input type="checkbox"/> ALCOHOLS / DRUGS FOR ROAD TRAFFIC CASE <input type="checkbox"/> OTHERS (as stated in drugs / poisons suspected above) <input type="checkbox"/> GENERAL DRUGS SCREEN (ACIDIC & BASIC DRUGS) * <input type="checkbox"/> DRUGS OF ABUSE FOR URINE (PLEASE TICK) <input type="checkbox"/> BENZODIAZEPINES * <input type="checkbox"/> Opiates <input type="checkbox"/> Cocaine metabolite <input type="checkbox"/> BETA BLOCKERS * <input type="checkbox"/> Cannabinoids <input type="checkbox"/> Buprenorphine <input type="checkbox"/> ETHYLENE GLYCOL		
I consent to the laboratory's selection of the test method(s) (screening and confirmation). I consent to the release of the test report or results to the appropriate authorities (e.g. the Government or any regulatory or enforcement agency), if required.		
Name of requestor: _____ Date: _____ Signature: _____		


Alcohol must not be used either in swabbing the area to be punctured or for sterilising the hypodermic needle
 * Please refer to page 2 for list of analytes.

You can obtain the form at Labmed resources > eForms >
 General Lab Forms > Toxicological Investigation



**SEND COMPLETED FORM AND SAMPLES
 WITH NUH SPECIMEN LABELS TO THE LAB.**

Timed Urine



**24-hour Urine Collection
Patient Instructions**

Your doctor has ordered a urine test that requires you to collect all urine that you pass for the next 24 hours. For accurate results, it is important to collect all your urine for exactly 24 hours.

Please read and follow the instructions carefully. Make sure you are prepared before starting the collection.

Contents of the kit:

- One 24-hour Urine Collection Patient Instructions Sheet
- One large orange container
- One small green-capped container
- One biohazard ziplock bag (for returning urine container)

Preparation:

P1 Some tests require dietary and drug restrictions. Please check with your doctor before beginning specimen collection. It is important to check with your doctor before stopping or resuming any medications.

P2 You may drink as much fluid as you normally would during the 24-hour collection period.

P3 Plan your collection for an off day or over a weekend. If you plan to go out, bring the large orange container with you. If, for any reason, the urine collection must be terminated before the 24-hour period is up, empty the urine and start again on another day.

P4 If you need to pass motion, empty the bladder first to avoid faecal contamination of the urine.

Collection Procedure:

C1 Start the 24-hour urine test by emptying your bladder. Do not collect this urine.

C2 After this, write the date and time on the "Start date" & "Start Time" fields on the label of the green-capped container. For the next 24 hours, pass all urine into the orange container for collection.

C3 Keep the orange container in a cool place, closed and protected from light at all times.

C4 Exactly 24 hours after you started the test, pass urine one last time into the orange container. This is the end of your collection period.

C5 Write the date and time on the "End date" and "End Time" fields on the label of the green-capped container.

Getting your specimen ready for your clinic visit:

T1 Look at the markings at the bottom of the orange container and record the volume of urine on the "Total Urine Volume" field on the label of the green-capped container e.g. 1500 mL etc.

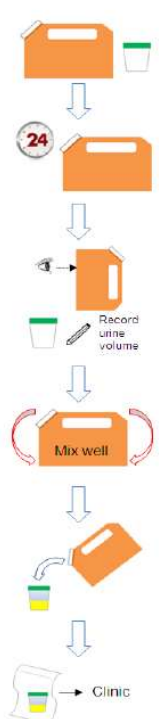
T2 Mix the urine thoroughly by inverting (turning upside down) the orange container.

T3 Pour urine into the green-capped container up to 80 mL mark and tighten the cap. Empty the remaining urine from the orange container into the toilet bowl and discard the empty orange container.

T4 Place the green-capped container (containing the urine) into the biohazard ziplock bag provided and bring them to the clinic as soon as possible, taking note of clinic opening hours.

If you have questions about the procedure or require this information in another language, please ask your nurse or doctor. If needed, please call the laboratory at 67724346.

Clinical Chemistry, Department of Laboratory Medicine
Updated: July 2013




For Outpatients

- Measure and record total urine volume on small container
- Transfer 100ml urine to small container
- Bring small container back to NUH

Patient convenience!





Dispensation of CORE Lab-Issued Items

SEND

staff nurse or book a porter, indicate test name and item(s) to be collected.

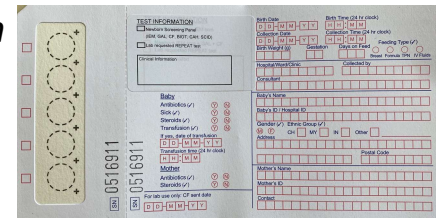
COLLECT

at Department of Laboratory Medicine, Reception, Main Building, Level 3.

- **Royal Blue (Plain)** 
 - Copper, Aluminium, Zinc, Selenium
- **Royal Blue (EDTA)** 
 - Arsenic, Cadmium, Lead, Manganese, Mercury
- **TB Spot Tube** 
- **Plasma EDTA Meta**
 - Catecholamine Fractionation, Free, Plasma
- **UTM Swab** 
 - Measles Virus RNA Amplification (PCR)
 - Mycoplasma Pneumonia DNA Amplification (PCR)
- **Cortisol, Saliva Collection Kit**
- **i-STAT Cartridges**
 - G3+, CG4+, EG7+
- **i-STAT 9V Batteries and Thermal paper**

- **Filter Paper Blood Spot Card**

- *National Newborn Screening (NENS)*



- **Self-sealing Capillary Tubes**

- Bilirubin, Paediatrics



- **ABG Multicap Capillary Tubes**



- **24 Hour Urine Bottle**



It is not necessary to call the lab to reserve these items as the lab is open 24/7
For other items, please refer to test catalogue

Dispensation of Haematology Lab-Issued Item

SEND

staff nurse or book a porter, indicate test name and item(s) to be collected.

COLLECT

at Department of Laboratory Medicine, Reception, Main Building, Level 3.

- **Bone Marrow Biopsy Needle**
 - *Bone Marrow Aspiration Kit*

National University Hospital
Department of Laboratory Medicine
Division of Haematology

< Bone Marrow Procedure Form >

For Laboratory staff:
Please receive the samples and pass it to haematology staff.

Paste patient's sticky label here

Ward/Bed: _____

1. Please indicate (✓) the tests requested

BM aspirate	
Flow cytometry	
Cytogenetics	
Molecular diagnosis	
Micro	
HISTO (Trepine)	
Others:	

2. Is there an order for FBC to be done today? YES / NO

If NO, please provide a peripheral blood sample (in EDTA) along as well.
No order entry required but please label with patient identity particulars.

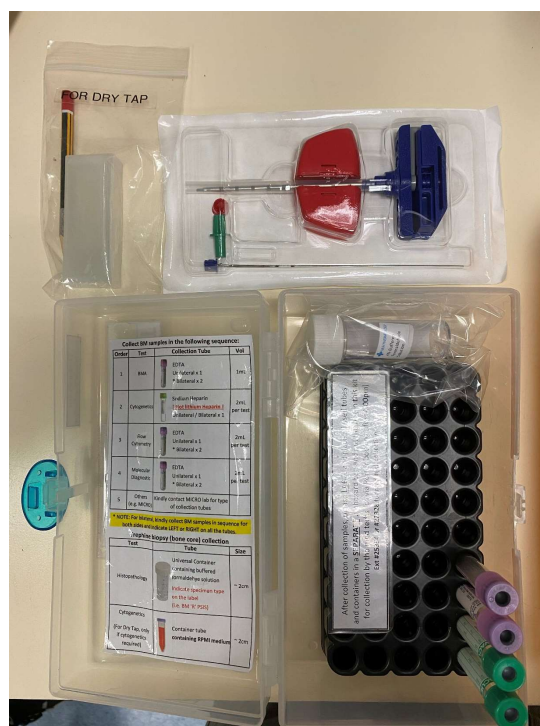
3. Please circle
Site of procedure: Left or Right, PSIS or ASIS
(posterior/anterior superior iliac spine)

4. Number of BM needles used: 1 / 2 / 3
(Please circle)

5. BM procedure performed by: _____
(Dr's stamp)

Note: Form to be filled up by proceduralist

DLM-FORM-DLM/HAE/200 R1-12-14



Please call x25354 for appointment before collecting kit.

Send **completed form**, **labelled sample tubes** and **kit** back to Haematology Lab, preferably before 4pm.

*For other items and more information, please refer to test catalogue or call x25354.

Dispensation of Microbiology Lab-Issued Items

SEND

staff nurse or book a porter, **indicate test name and item(s) to be collected.**

COLLECT

at **Microbiology Reception, Main Building, Level 3.**

- Aerobic and Anaerobic Culture**

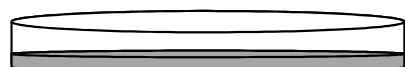


- *Chocolate Plate*



- *CDC ANA Blood Plate*

- Fungus Culture**



- *Sabouraud's plate with chloramphenicol*

- Microsporidium Microscopy**

- *Glass Slide*

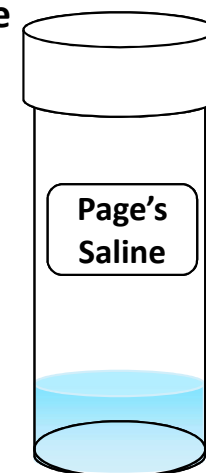


- Respiratory IF
- Influenza A, B, RSV PCR
- Herpes Simplex Virus (HSV) IF
- Varicella-Zoster Virus (VZV) IF
 - *UTM and Flocked Swab*

- Boric Acid Urine container (Paeds)



- Acanthamoeba culture
 - *Page's Saline*



*For other items, please refer to test catalogue or call x24343.

Dispensation of Molecular Diagnosis Centre-Issued Items

SEND

staff nurse or book a porter, **indicate test name and item(s) to be collected.**

COLLECT

**at Molecular Diagnosis Centre,
Main Building, Level 3.**

- **Cervical sampler**
 - *A cervical brush and a tube containing specimen transport medium for HPV testing*



- **cobas PCR media (Swab)**
 - *Transport medium for endocervical and urethral swab specimens for Chlamydia trachomatis and/or Neisseria gonorrhoeae PCR testing*



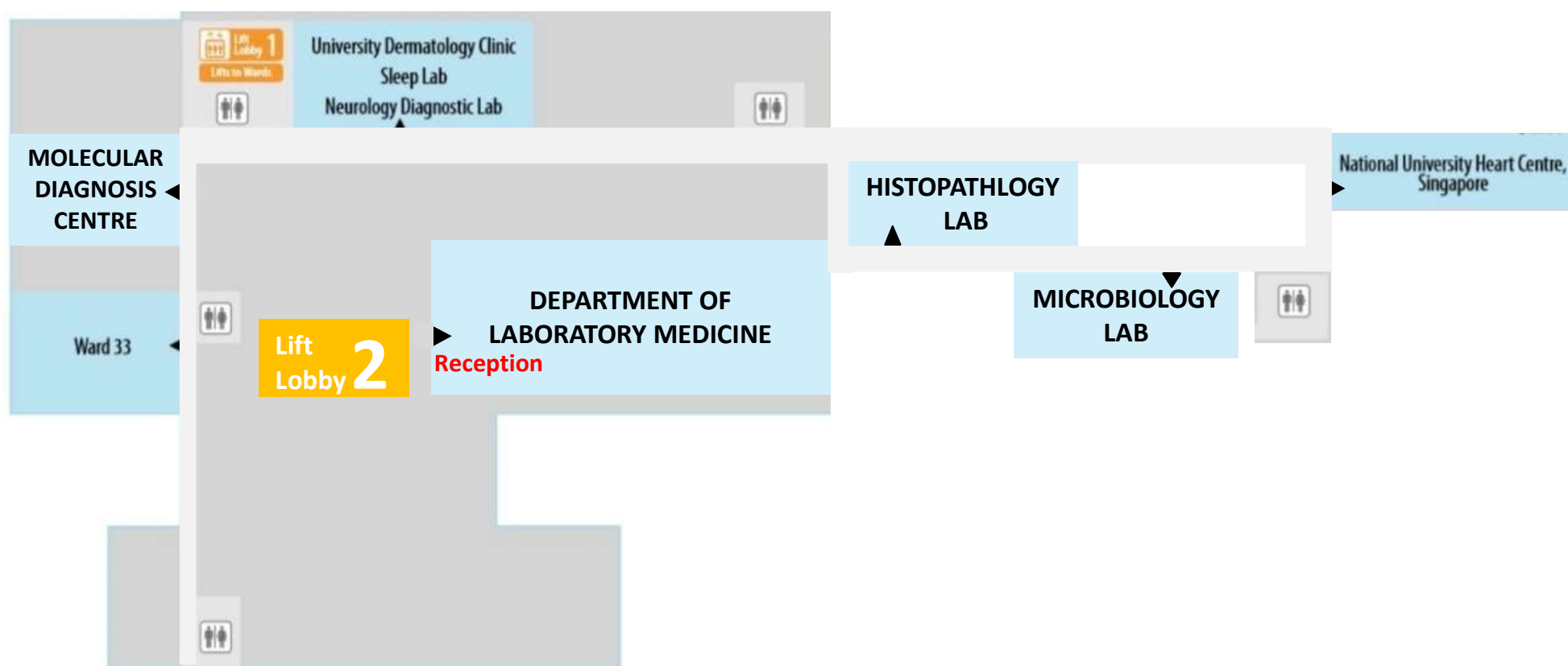
*For other items, please refer to test catalogue or call x24384.

Main Building, Level 3 Map

1 MAIN BUILDING

Level 3

**PLEASE DIRECT PORTERS TO THE CORRECT LOCATION
TO COLLECT LAB-ISSUED ITEMS**



Not drawn to scale

Sendout Testing Services

Tests not performed in
DLM...What can lab do?

- Send to local or overseas laboratories

What?
Common referred tests

- Order & collect in CCOE/Aurora
- Specimen handling instructions are available

What?
Tests with special requirements

- For enquiries, contact Clinical Chemistry @ x24346 for specimen collection, handling instructions & billing issues

When...?

- Mondays to Fridays
- Send specimen before 3 pm

Why?

- Complex
- Need to comply with referred lab requirements



FROM WARDS AND CLINICS...

...TO NUH LABORATORY

Let us work together!

Quality Sample in



Quality Result out