



**HOSPITAL SULTAN ABDUL AZIZ SHAH
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HB ANALYSIS REQUEST FORM

PATIENT'S DETAILS		
NAME:	MRN:	AGE:
IC:	GENDER:	RACE:
WARD/CLINIC:	DEPARTMENT:	
INDICATION OF TEST: (Please tick <input type="checkbox"/> one of the indication)	<input type="checkbox"/> Diagnostic <input type="checkbox"/> Cascade (family screening) * <input type="checkbox"/> Antenatal <input type="checkbox"/> Form 4 screening	
<p>*For cascade screening please fill the information below:</p> <p>Name of index case:</p> <p>IC/Passport number of index case:</p> <p>Relationship with index case:</p> <p>Diagnosis of index case:</p>		
CLINICAL EXAMINATION		
History of presenting illness:		
Any family history of thalassaemia /haemoglobinopathy /anaemia:		
Any haematinics (Fe, Vit B Complex, Folic acid, Vit B12):		
Any history of blood transfusion? When?		
Physical findings: Any jaundice? Y/N Lymphadenopathy? Y/N Splenomegaly? Y/N Hepatomegaly? Y/N Bleeding tendency (e.g., purpura)? Y/N Other findings? Y/N	SPECIMEN REQUIREMENTS: Fresh peripheral blood in EDTA tube <input type="checkbox"/> Adult: 2 tubes (2-3 mL each) <input type="checkbox"/> Paediatric: 2 tubes (minimum 1 mL each) TEST RESULTS WITHIN THE PREVIOUS 3 MONTHS <input type="checkbox"/> FBP sample number: Date: <input type="checkbox"/> State patient's serum iron profile within last 3 months: Serum iron Date: Serum TIBC Date: or UIBC Date: Serum Ferritin Date:	
Date of specimen collection:	Signature of Doctor: Name & Stamp:	