

	<b>HOSPITAL SULTAN ABDUL AZIZ SHAH</b> <b>Document code: HSAAS/PATO/BR07</b>	<b>LAB NO</b>
	<b>PATHOLOGY REQUEST FORM</b>	

MRN NO:		ROUTINE		RESEARCH	
NAME:		URGENT			
		OTHER (Please specify)			
NRIC/PASSPORT NO:		DATE OF BIRTH :			
AGE:		GENDER: MALE / FEMALE			
RACE:		NATIONALITY:		WARD/CLINIC:	

CLINICAL SUMMARY:	<b>SPECIMEN TYPE</b>	<b>SPECIMEN COLLECTION</b>
	BLOOD:	TIME:
	URINE:	DATE:
	OTHER: _____	COLLECTED BY: _____
	FASTING: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	PREGNANT: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	REQUESTING DOCTOR: (signature & stamp)	

BIOCHEMISTRY				HAEMATOLOGY			
ALBUMIN	<input type="checkbox"/>	CK	<input type="checkbox"/>	PHOSPHATE	<input type="checkbox"/>	FBC	<input type="checkbox"/>
ALP	<input type="checkbox"/>	CREATININE	<input type="checkbox"/>	TIBC	<input type="checkbox"/>	FBP	<input type="checkbox"/>
ALT	<input type="checkbox"/>	FERRITIN	<input type="checkbox"/>	TOTAL PROTEIN	<input type="checkbox"/>	RETIC	<input type="checkbox"/>
AST	<input type="checkbox"/>	FOLATE	<input type="checkbox"/>	TRIGLYCERIDES	<input type="checkbox"/>	ESR	<input type="checkbox"/>
BHCG	<input type="checkbox"/>	GGT	<input type="checkbox"/>	HS-TROPONIN	<input type="checkbox"/>	G6PD	<input type="checkbox"/>
BILIRUBIN (DIRECT)	<input type="checkbox"/>	GLUCOSE	<input type="checkbox"/>	UREA	<input type="checkbox"/>	APTT	<input type="checkbox"/>
BILIRUBIN (TOTAL)	<input type="checkbox"/>	HbA1C	<input type="checkbox"/>	URIC ACID	<input type="checkbox"/>	PT/INR	<input type="checkbox"/>
CALCIUM	<input type="checkbox"/>	IRON	<input type="checkbox"/>	URINE FEME	<input type="checkbox"/>	Hb ANALYSIS	<input type="checkbox"/>
CHOLESTEROL (TOTAL)	<input type="checkbox"/>	MAGNESIUM	<input type="checkbox"/>	URINE PREGNANCY TEST	<input type="checkbox"/>	BONE MARROW EXAMINATION	<input type="checkbox"/>

IMMUNOLOGY		TUMOUR MARKERS		PROFILE TEST		OTHER TESTS	
ANA	<input type="checkbox"/>	AFP	<input type="checkbox"/>	COAGULATION PROFILE	<input type="checkbox"/>		
AMA	<input type="checkbox"/>	CA 15-3	<input type="checkbox"/>	LIPID PROFILE	<input type="checkbox"/>		
Anti-CCP	<input type="checkbox"/>	CA 19-9	<input type="checkbox"/>	LIVER FUNCTION TEST	<input type="checkbox"/>		
Anti-CARDIOLIPIN	<input type="checkbox"/>	CA 125	<input type="checkbox"/>	RENAL PROFILE	<input type="checkbox"/>		
Anti-dsDNA	<input type="checkbox"/>	CEA	<input type="checkbox"/>	TFT (FT4 & TSH)	<input type="checkbox"/>		
Anti-THYROGLOBULIN	<input type="checkbox"/>	PSA	<input type="checkbox"/>	OGTT (2 POINT)	<input type="checkbox"/>		
Anti-TPO	<input type="checkbox"/>						
BETA 2 GLYCOPROTEIN	<input type="checkbox"/>						
C3, C4	<input type="checkbox"/>						
RHEUMATOID FACTOR	<input type="checkbox"/>						

FOR LAB USE ONLY			
SPECIMEN RECEIVED DATE AND TIME:	ACCEPT:		IF REJECTED, STATE REASON:
	REJECT:		Informed to _____ at _____ (date & time). Informed by (lab staff) _____
STAFF NAME:			