

HAEMATOTOLOGY				Mandatory Information		
Service Code Prefix	Ward	Bed	Clinic	Patient Name:		
001				Patient NRIC:		
For Laboratory use only: PLAIN (Red) <input type="checkbox"/> LI HEPARIN (Green) <input type="checkbox"/> EDTA (Purple) <input type="checkbox"/> FLUORIDE (Grey) <input type="checkbox"/> NA CITRATE (Blue) <input type="checkbox"/> PLAIN STERILE <input type="checkbox"/> CONTAINER (PSC) <input type="checkbox"/> PAEDS <input type="checkbox"/>				Gender: Date of Birth: Account Number:		
Laboratory Accession Number <input style="width: 100%;" type="text"/>				Please paste label upright and within the box		
				Doctor	MCR No	
				Collected Date:	Collected Time:	Draw Type: Vein / Fingerprick / Artery / Fluid / Urine (*Please circle)
				Clinical Diagnosis / Medication <input style="width: 100%;" type="text"/>		
				STAT <input type="checkbox"/>		

ROUTINE HAEMATOTOLOGY		Anticoagulant status: Please circle below
Fingerprick specimen <input type="checkbox"/>		None / Warfarin / Heparin / LMWH / DOACS
2000 <input type="checkbox"/> FBC <input type="checkbox"/> Full Blood Count	2314 <input type="checkbox"/> UHB <input type="checkbox"/> Unstable Hb Screen	2403 <input type="checkbox"/> PT/INR <input type="checkbox"/> PT/INR
2429 <input type="checkbox"/> HGB <input type="checkbox"/> Haemoglobin	2014 <input type="checkbox"/> THAL <input type="checkbox"/> Thalassemia Screen*	2401 <input type="checkbox"/> APTT <input type="checkbox"/> APTT
2011 <input type="checkbox"/> PBF <input type="checkbox"/> Blood Film	1276 <input type="checkbox"/> G6PDS <input type="checkbox"/> G6PD (Qualitative)	2402 <input type="checkbox"/> TCT <input type="checkbox"/> TCT
2103 <input type="checkbox"/> RETIC <input type="checkbox"/> Reticulocyte Count	2109 <input type="checkbox"/> CC-CSF <input type="checkbox"/> PSC <input type="checkbox"/> Cell count/Cytospin	2416 <input type="checkbox"/> DDI <input type="checkbox"/> D-Dimer
2105 <input type="checkbox"/> ESR <input type="checkbox"/> ESR	2109 <input type="checkbox"/> CC-Fluid <input type="checkbox"/> PSC <input type="checkbox"/> Cell count/Cytospin Fluid type: _____	2411 <input type="checkbox"/> FIBRIN <input type="checkbox"/> Fibrinogen
2121 <input type="checkbox"/> MPME <input type="checkbox"/> Malaria Parasite Screen	2109 <input type="checkbox"/> CC-Urine <input type="checkbox"/> PSC <input type="checkbox"/> Cell count/Cytospin for Urine Eosinophils	2006 <input type="checkbox"/> DIC <input type="checkbox"/> DIC Screen
2122 <input type="checkbox"/> FILAR <input type="checkbox"/> Filaria Microscopy		By appointment only:
2123 <input type="checkbox"/> APT <input type="checkbox"/> <small>VOMITUS STOOL</small> <input type="checkbox"/> APT test (Foetal Hb)		2111 <input type="checkbox"/> BONE <input type="checkbox"/> Bone Marrow Aspirate
2309 <input type="checkbox"/> HBFK <input type="checkbox"/> Kleihauer Test		2104 <input type="checkbox"/> BMBD <input type="checkbox"/> Bone Marrow Aspirate (OnControl Powered)
2301 <input type="checkbox"/> HZB <input type="checkbox"/> Heinz Bodies		2116 <input type="checkbox"/> BMBS <input type="checkbox"/> Bone Marrow Biopsy Disposable Needle Set

SPECIAL COAGULATION		Factor Assays*:
2160 <input type="checkbox"/> ACAG <input type="checkbox"/> Anti-cardiolipin IgG	von Willebrand's disease* (Please charge accordingly) :	2430 <input type="checkbox"/> FII <input type="checkbox"/> x2 <input type="checkbox"/> Factor 2 Assay
2161 <input type="checkbox"/> ACAM <input type="checkbox"/> Anti-cardiolipin IgM	2013 <input type="checkbox"/> VWFAG <input type="checkbox"/> x2 <input type="checkbox"/> vWF Antigen Assay	2431 <input type="checkbox"/> FV <input type="checkbox"/> x2 <input type="checkbox"/> Factor 5 Assay
2163 <input type="checkbox"/> B2GG <input type="checkbox"/> Anti-b2-glycoprotein I IgG	2021 <input type="checkbox"/> RICOF <input type="checkbox"/> x2 <input type="checkbox"/> vWF Functional Assay	2432 <input type="checkbox"/> FVII <input type="checkbox"/> x2 <input type="checkbox"/> Factor 7 Assay
2164 <input type="checkbox"/> B2GM <input type="checkbox"/> Anti-b2-glycoprotein I IgM	2500 <input type="checkbox"/> FVIII <input type="checkbox"/> x2 <input type="checkbox"/> Factor 8 Assay	2500 <input type="checkbox"/> FVIII <input type="checkbox"/> x2 <input type="checkbox"/> Factor 8 Assay
2436 <input type="checkbox"/> HIT <input type="checkbox"/> Anti-Platelet Factor 4/HIT Antibody	Pre-arrange with Haematology before ordering (Ext 25320):	2501 <input type="checkbox"/> FIX <input type="checkbox"/> x2 <input type="checkbox"/> Factor 9 Assay
2412 <input type="checkbox"/> IHS <input type="checkbox"/> x3 <input type="checkbox"/> Coagulation Inhibitor Screen	2509 <input type="checkbox"/> EXTEM <input type="checkbox"/> Extem & Fibtem (Rotem)	2502 <input type="checkbox"/> FX <input type="checkbox"/> x2 <input type="checkbox"/> Factor 10 Assay
2414 <input type="checkbox"/> LUP <input type="checkbox"/> x2 <input type="checkbox"/> Lupus Anticoagulant Screen*	2510 <input type="checkbox"/> INTEM <input type="checkbox"/> Intem & Heptem (Rotem)	2503 <input type="checkbox"/> FXI <input type="checkbox"/> x2 <input type="checkbox"/> Factor 11 Assay
2427 <input type="checkbox"/> PRC <input type="checkbox"/> x2 <input type="checkbox"/> Protein C	2505 <input type="checkbox"/> ADPT <input type="checkbox"/> Hirudin <input type="checkbox"/> P2Y12 Antiplatelet Drug Response	2504 <input type="checkbox"/> FXII <input type="checkbox"/> x2 <input type="checkbox"/> Factor 12 Assay
2428 <input type="checkbox"/> PRS <input type="checkbox"/> x2 <input type="checkbox"/> Protein S	2506 <input type="checkbox"/> ASPI <input type="checkbox"/> Hirudin <input type="checkbox"/> Aspirin Antiplatelet Drug Response	2413 <input type="checkbox"/> IHA8 <input type="checkbox"/> x3 <input type="checkbox"/> Factor 8 Inhibitor Assay
2408 <input type="checkbox"/> AT3 <input type="checkbox"/> x2 <input type="checkbox"/> Antithrombin	2015 <input type="checkbox"/> PLAG <input type="checkbox"/> x3 <input type="checkbox"/> Platelet Aggregation Studies* (By appointment only)	2413 <input type="checkbox"/> IHA9 <input type="checkbox"/> x3 <input type="checkbox"/> Factor 9 Inhibitor Assay
2434 <input type="checkbox"/> LMWH <input type="checkbox"/> x2 <input type="checkbox"/> LMWH Anti-Xa (Peak Level) LMWH Anti-Xa (Trough Level)	2437 <input type="checkbox"/> RIPA <input type="checkbox"/> x2 <input type="checkbox"/> Ristocetin-induced Platelet Aggregation (By appointment only)	2407 <input type="checkbox"/> FXIII <input type="checkbox"/> x2 <input type="checkbox"/> Factor 13, Qualitative
2434 <input type="checkbox"/> UFH <input type="checkbox"/> x2 <input type="checkbox"/> Unfractionated Heparin Anti-Xa		* Please refer to description on page 2
2507 <input type="checkbox"/> RIVA <input type="checkbox"/> Rivaroxaban Anti-Xa Date of last dose: _____ Time of last dose: _____		

HAEMATOLOGY				<u>Mandatory Information</u>		
Patient Name:				Patient NRIC:		
Gender:				Date of Birth:		
Account Number:				Please paste label upright and within the box		
Service Code Prefix		Ward		Bed		Clinic
001						
For Laboratory use only: Na HEPARIN (Green) <input type="checkbox"/> EDTA (Purple) <input type="checkbox"/> RPMI media (Tissue) <input type="checkbox"/> RPMI media (Bone) <input type="checkbox"/> RPMI media (FNA) <input type="checkbox"/> TransFix (CSF) <input type="checkbox"/> TransFix (Body Fluid) <input type="checkbox"/> Plain (Specify) <input type="checkbox"/>				Laboratory Accession Number _____ Doctor _____ MCR No _____ Collected Date: _____ Collected Time: _____ Priority (*Compulsory, Please tick) STAT <input type="checkbox"/> Routine <input type="checkbox"/> Clinical Diagnosis / Medication _____		

Immunophenotyping by Flow Cytometry

Sample Type: Bone Marrow Tissue (Please specify tissue type): _____ Others (Please specify): _____*
 (Compulsory) Peripheral Blood Body Fluid (Please specify type of body fluid): _____

Treatment History: Anti-CD7 Therapy (CAR-T, etc) Anti-CD22 Therapy (Inotuzumab, CAR-T, etc) Anti-CD79b Therapy (Polatuzumab, etc)
 (Compulsory) Anti-CD19 Therapy (Blinatumomab, CAR-T, etc) Anti-CD33 Therapy (Gemtuzumab, CAR-T, etc) Others (Please specify): _____*
 Anti-CD20 Therapy (Rituximab, etc) Anti-CD38 Therapy (Daratumumab, Isatuximab, etc)

2178 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - PNH 2662 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - HS EMA Binding test 2674 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CD4/CD8 Ratio Panel 2675 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lymphocyte Subsets 2650 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - Blast Lineage Panel (NO Add-ons)* 2651 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - Lymphoma Screening Panel (NO Add-ons)* 2652 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - Lymphoma Screening Panel for Small Samples (CSF, FNA, Vitreous)* 2650 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - Blast Lineage Panel, Lymphoma Screening Panel and Evaluation As Required* 2651 2656 2657 2650 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - Blast Lineage Panel and Evaluation As Required* 2656 2657	2651 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - Lymphoma Screening Panel and Evaluation As Required* 2658 2670 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - Myeloma / Plasma Cell Dyscrasia Panel (Diagnostic)* 2664 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - Myeloma / Plasma Cell Dyscrasia Panel (Follow-up)* 2654 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - B-ALL Panel* 2665 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - B-ALL Follow-up Panel* 2669 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - B-ALL Follow-up Panel (post Anti-CD19 therapy/CAR-T)* 2655 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - T-ALL Follow-up Panel* therapy/CAR-T)*	2656 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - Myeloid Neoplasm Basic Panel (Diagnostic)* 2667 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - Myeloid Neoplasm / AML Basic Panel (Follow-up)* 2657 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - AML Add-on Panel* 2668 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - AML Follow-up Full Panel* 2658 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - B-LPD Panel* 2659 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - T-LPD Panel* 2660 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flow Cytometry - NK-LPD Panel* Others (Please specify) : _____**
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* Pre-arrange with Haematology before ordering (Ext 24016) ** Please refer to below description for flow tests

THALASSEMIA SCREEN
 Full Blood Count, Hb electrophoresis, HbA2, HbF, Hb H inclusion bodies, Clinical interpretation
 1 3-ml EDTA sample

PLATELET AGGREGATION STUDIES
 ADP, Adrenaline, Arachidonic acid, Collagen, Ristocetin

LUPUS ANTICOAGULANT SCREEN
 PT, APTT, Lupus Anticoagulant interpretation
 2 2.7-ml sodium citrate sample

FACTOR ASSAY
 Coagulation factor level, PT, APTT
 2 2.7-ml Sodium Citrate (blue) sample

VON WILLEBRAND'S DISEASE
 vWF antigen, vWF Functional Assay, Factor VIII Assay
 2 2.7-ml Sodium Citrate (blue) sample

EXTRA CHARGES FOR FLOW TESTS

Extra charges will be made if there are additional antibodies required:
 4 ~ 8 antibodies (1 tube) Flow1 (Flow extended panel 1)
 9 ~ 16 antibodies (2 tubes) Flow2 (Flow extended panel 2)
 9 ~ 12 antibodies (1 tubes) FCM10 (Extended Panel for 10 Markers)
 17 ~ 24 antibodies (2 tubes) FCM20 (Extended Panel for 20 Markers)

SPECIMEN COLLECTION REQUIREMENTS

Collect sufficient specimen in the appropriate collection tube. Specimen should be dispatched to the laboratory immediately after collection.