PATHLAB

Penjagaan Kesihatan Healthcare 保健

EXCELLENCE IN HEALTHCARE

Pathology And Clinical Laboratory Pte. Ltd.

45 Kallang Pudding Road #05-01/04, #06-01A
Alpha Building Singapore 349317
UEN No. 197200753W

Tel : (65) 6742 9011
Fax : (65) 6742 9226
E-mail : enquiry@pathlabs.com.sg

REQUEST FORM | **Please fill up details and write clearly.**

MOLECULAR

☐ **Urgent** ☐ **Routine**

Date:

Clinic / Doctor:

Payment:
☐ Bill Account ☐ Bill Patient
☐ Others *(specify)*: ____________

Report:
☐ By Despatch
☐ By Email: ____________
☐ By Fax: ____________

Patient Information *(ALL FIELDS ARE REQUIRED)*

Name (as per NRIC/Passport) : ____________

NRIC/FIN No. : ____________ Passport No. : ____________

Date of Birth (dd/mm/yy) : ____________ Gender: ☐ Male ☐ Female

Nationality: ☐ Singapore Citizen ☐ Singapore PR ☐ Others *(specify)*: ____________

Email: ____________ Mobile: ____________

Address: ____________

____________ Postal Code: ____________

Specimen Information

Date (dd/mm/yyyy) & Time of Collection: _ _ / _ _ / _ _ _ _ & _ _ : _ _ AM / PM

Specimen Type:

☐ Nasopharygeal Swab ☐ Oropharyngeal Swab ☐ Urine
☐ Plain Blood ☐ Stool ☐ Others *(specify)*: ____________

Test Information

☐ COVID-19 PCR ☐ EXPRESS COVID-19 PCR

For Pre-departure test, please indicate :

Destination Country: ____________ Departure Date & Time: ____________

☐ Other Tests *(specify)*: ____________

____

Clinical Note

PCL/FORM/MOL/001 rev00(2022)

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