PATHLAB

Penjagaan Kesihatan | Healthcare | 保健

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

REQUEST FORM

Please fill up details and write clearly.

Date

Doctor / Clinic

Payment

☐ Bill Account ☐ Bill Patient
☐ Bill ________________ *(Please specify)*

Report

☐ Fax Result Fax No. ____________
☐ Phone Result Tel No. ____________
☐ By Despatch

Patient's Name in Full

NRIC/PPNo.

Nationality

Clinic No.

Date of Birth D D M M Y Y Y Y or Age ________ Sex ☐ Male ☐ Female

For HIV test request, if the patient is a foreign national, please indicate whether the patient is

a. ☐ Singapore PR b. ☐ WP/EP holder c. ☐ Long Term Social Visit Pass Holder
d. ☐ Student Pass Holder e. ☐ Applicant for *Singapore PR / WP / EP / LT Social Visit Pass / Student Pass
f. ☐ None of the above *Please circle as appropriate

SPECIMENS **Time of Collection :** ☐ **Fasting** ☐ **Non-Fasting**

☐ Plain Blood ☐ EDTA Blood ☐ Fluoride ☐ Urine ☐ Stool
☐ PAP Smear ☐ Swab ☐ Citrate
☐ Urine to follow ☐ Stool to follow ☐ Others *(Please specify)* ____________

TESTS REQUIRED

☐ Results in CU Unit

Clinical Note

Rev. 4 (2022)

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