

FOR URGENT FAX RESULT ONLY

PATHLAB

Penjagaan Kesihatan Healthcare 保健

Pathology And Clinical Laboratory Pte. Ltd.

45 Kallang Pudding Road #05-01/04, #06-01A Tel : (65) 6742 9011 (8 lines)
Alpha Building Singapore 349317 Fax : (65) 6742 9226

UEN No. 197200753W E-mail : enquiry@pathlabs.com.sg

REQUEST FORM

Please fill up details and write clearly.

Date	Payment
Doctor / Clinic	<input type="checkbox"/> Bill Account <input type="checkbox"/> Bill Patient
	<input type="checkbox"/> Bill _____ (Please specify)
	Report
	<input type="checkbox"/> Fax Result Fax No. _____
	<input type="checkbox"/> Phone Result Tel No. _____
	<input type="checkbox"/> By Despatch

Patient's Name in Full									
NRIC/PPNo.	Nationality								
Clinic No.									
Date of Birth <table border="1"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> or Age _____	D	D	M	M	Y	Y	Y	Y	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
D	D	M	M	Y	Y	Y	Y		

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 :	<input type="checkbox"/> Fasting	<input type="checkbox"/> Non-Fasting
<input type="checkbox"/> Plain Blood	<input type="checkbox"/> EDTA Blood	<input type="checkbox"/> Fluoride	<input type="checkbox"/> Urine
<input type="checkbox"/> PAP Smear	<input type="checkbox"/> Swab	<input type="checkbox"/> Citrate	<input type="checkbox"/> Stool
<input type="checkbox"/> Urine to follow	<input type="checkbox"/> Stool to follow	<input type="checkbox"/> Others (Please specify) _____	

TESTS REQUIRED

Results in CU Unit

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