Woodlands Health
National Healthcare Group

Laboratory Medicine and Pathology

BIOCHEMISTRY REQUEST FORM

Patient's details

Name:
NRIC:
Gender:
Date of birth:
Account number:
Clinic:
Ward:
Bed:

Affix patient's label here

Requesting doctor *(Please use name stamp if possible)*

Name and MCR number:
Phone number:
Department:
Consultant and MCR number:

Laboratory barcode and accession (for laboratory use only)

Clinical information

Fasting:	Yes / No
IV fluids:	Yes / No
Recent travel (if yes, specify countries):	Yes / No

Specimen type

□ Blood □ Urine, random □ Urine, 24-hour (specify total volume: _____ mL) □ Other (specify):
□ CSF □ Other fluid (specify type and source):

Specimen containers *(Tick box(es) and specify number of each)*

□ Light green (PST heparin): ___
□ Dark green (lithium heparin): ___
□ Gold (SST): ___
□ Grey (fluoride): ___
□ Purple (EDTA): ___
□ Pink (EDTA): ___
□ Others (specify): ___

Specimen collection date and time

DD/MM/YYYY
HH:MM am/pm

Test request(s)

□ Alanine transaminase (ALT)
□ Albumin
□ Alkaline phosphatase (ALP)
□ Amylase
□ Arterial blood gas (ABG)
□ Aspartate transaminase (AST)
□ B-type natriuretic peptide (BNP)
□ Beta-hydroxybutyrate
□ Bicarbonate
□ Bilirubin, direct
□ Bilirubin, indirect
□ Bilirubin, total
□ C-reactive protein (CRP)
□ Calcium, adjusted
□ Calcium, normalised ionised
□ Calcium, total
□ Cerebrospinal fluid (CSF) panel (glucose, total protein, cell count, cell differentiation)
□ Chloride
□ Creatinine
□ Creatine kinase (CK)
□ Dengue panel (Dengue antigen, Dengue IgG, Dengue IgM)
□ Dengue antigen
□ Dengue antibody (IgG and IgM)
□ Fluid analysis (e.g. pleural) (total protein, cell count, cell differentiation)
□ Gamma-glutamyl transferase (GGT)
□ Glucose
□ Glycated haemoglobin A1c (HbA1c)
□ Lactate
□ Lactate dehydrogenase (LDH)
□ Liver panel (albumin, ALT, AST, ALP, total bilirubin)
□ Magnesium
□ Osmolality
□ Paracetamol
□ Phosphate
□ Potassium
□ Procalcitonin
□ Protein, total
□ Renal panel (sodium, potassium, urea, creatinine, eGFR)
□ Salicylate
□ Sodium
□ Thyroxine, free (T4)
□ Thyroid panel (free T4, TSH)
□ Thyroid-stimulating hormone (TSH)
□ Troponin I, high-sensitivity (hs-TnI)
□ Urea
□ Urine dipstick
□ Urine dipstick with microscopy
□ Urine microscopy

Other test requests *(Note: specimens with illegible test requests may be rejected or subject to delayed processing)*

Further information

Please refer to the Laboratory Service Guide for information about specific requirements for tests.
For enquiries, please call Laboratory Medicine and Pathology on 63611203.