

	Patient's details Name: NRIC: Gender: <i>Affix patient's label here</i> Date of birth: Account number: Clinic: Ward: Bed:
Laboratory Medicine and Pathology	
HAEMATOLOGY REQUEST FORM	
Requesting doctor <i>(Please use name stamp if possible)</i> Name and MCR number: Phone number: Department: Consultant and MCR number:	<i>Laboratory barcode and accession (for laboratory use only)</i>
Clinical information (For coagulation tests) Is patient on anticoagulant?* Yes / No If yes, specify the type of anticoagulant: <input type="checkbox"/> Warfarin <input type="checkbox"/> Unfractionated heparin <input type="checkbox"/> Low-molecular-weight heparin <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	
Specimen containers <i>(Tick box(es) and specify number of each)</i> <input type="checkbox"/> Purple (EDTA): _____ <input type="checkbox"/> Blue (citrate): _____	
Specimen collection date and time <div style="text-align: right;"><i>DD/MM/YYYY</i> <i>HH:MM am/pm</i></div>	
Test request(s) Routine haematology <input type="checkbox"/> Full blood count <input type="checkbox"/> Reticulocyte count <input type="checkbox"/> Malaria parasite screen <input type="checkbox"/> Microfilaria microscopy <input type="checkbox"/> Platelet count, citrate (one blue tube is required; no sharing with coagulation tests) Routine coagulation <input type="checkbox"/> Prothrombin time (PT-INR) <input type="checkbox"/> Activated partial thromboplastin time (APTT) <input type="checkbox"/> D-dimer	
Other test requests <i>(Note: specimens with illegible test requests may be rejected or subject to delayed processing)</i> <div style="height: 150px;"></div>	
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 63611005.	