

## Laboratory Medicine and Pathology

### HAEMATOLOGY 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

(For coagulation tests) Is patient on anticoagulant?\* Yes / No

If yes, specify the type of anticoagulant:

Warfarin    Unfractionated heparin    Low-molecular-weight heparin  
 Unknown    Other: \_\_\_\_\_

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

Other clinical information:

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

Purple (EDTA): \_\_\_\_\_

Blue (citrate): \_\_\_\_\_

#### Specimen collection date and time

DD/MM/YYYY

HH:MM am/pm

#### Test request(s)

##### Routine haematology

Full blood count  
 Reticulocyte count  
 Malaria parasite screen  
 Microfilaria microscopy  
 Platelet count, citrate (one blue tube is required; no sharing with coagulation tests)

##### Routine coagulation

Prothrombin time (PT-INR)  
 Activated partial thromboplastin time (APTT)  
 D-dimer

#### 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 63611005.