

Laboratory Medicine and Pathology

TEST CANCELLATION FORM

Patient's details

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

Affix patient's label here

Requesting doctor

(Please use a name stamp if possible)

Specimen collection date and time

(Please specify to ensure cancellation of correct test)

Name and MCR number:

Date: DD/MM/YYYY

Phone number:

Time: HH:MM am/pm

Department:

Consultant and MCR number:

Test(s) to be cancelled (Please indicate full name of test(s) to prevent potential misunderstanding, i.e. avoid abbreviations)

1)

2)

3)

4)

5)

6)

7)

8)

Please note that the laboratory will not release any results for a cancelled test, but will dispose of the specimen for the cancelled test, possibly without performing any processing or analysis of the specimen.

Reason for cancellation

- Specimen was collected from a different patient from that indicated on test request
- Other

For laboratory use only

Affix laboratory label here

Test cancellation handled by:
(Initial and date)

Remarks, if any:

Further information

Please refer to the Laboratory Service Guide for information about specimen requirements.

For enquiries, please call Laboratory Medicine and Pathology at 63611405.