

Laboratory Medicine and Pathology

TEST CANCELLATION FORM

Patient's details

Name:
 NRIC:
 Gender: *Affix patient's label here*
 Date of birth:
 Account number:
 Clinic:
 Ward:
 Bed:

Requesting doctor

(Please use a name stamp if possible)

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

Specimen collection date and time

(Please specify to ensure cancellation of correct test)

Date: *DD/MM/YYYY*
 Time: *HH:MM am/pm*

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.