


















INDIVIDUAL TEST

Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark	
ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT)	 x1 Full SODIUM CITRATE tube (light blue cap)	DAILY	Fresh sample (no time preference)	1.5 working days *URGENT - 2hrs		
BLEEDING TIME	 Requires special standard operating procedure		Morning within lab blood collection time unless urgent			
CLOTTING TIME	 Requires special standard operating procedure					
D-DIMER	 x1 Full SODIUM CITRATE tube (light blue cap)					
ERYTHROCYTE SEDIMENTATION RATE (ESR)	 x1 Full 4ml K2 EDTA tube (Purple/Lilac cap)					
FIBRINOGEN TIME	 x1 Full SODIUM CITRATE tube (light blue cap)					
FIBRINOGEN DEGRADATION PRODUCT (FDP)	 x1 Full SODIUM CITRATE tube (light blue cap)					
HAEMOGLOBIN (Hb)	 x1 Full K2 EDTA tube (Purple/Lilac cap)		Hb is inclusive in Full blood Count			
MALARIA (Ag)	 x1 Full K2 EDTA tube (Purple/Lilac cap)					
WHITE BLOOD CELL COUNT (WBC)	 x1 Full K2 EDTA tube (Purple/Lilac cap)		WBC is inclusive in Full blood Count			
RED BLOOD CELL COUNT (RBC)	 x1 Full K2 EDTA tube (Purple/Lilac cap)		RBC is inclusive in FBC			
PERIPHERAL BLOOD FILM	 x1 Full K2 EDTA tube (Purple/Lilac cap)		7 working days			Sent out to referral lab. FBC report need to be attached to the request form
PLATELET COUNT	 x1 Full K2 EDTA tube (Purple/Lilac cap)		1.5 working days *URGENT - 2hrs			Platelet count is inclusive in FBC
PT - INR (Prothrombin Time)	 x1 Full SODIUM CITRATE tube (light blue cap)					
SICKLE CELL SCREEN	 x1 Full K2 EDTA tube (Purple/Lilac cap)		7 working days			To be sent out to referral lab

Reference range for each test as stated in the laboratory reports.

GROUP TEST


Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark
FULL BLOOD COUNT (FBC)					
WHITE BLOOD CELL COUNT	 x1 Full 4ml K2 EDTA tube (Purple/Lilac cap)	DAILY	Fresh sample (no time preference)	1.5 working days <i>*URGENT - 2hrs</i>	
RED BLOOD CELL COUNT					
HAEMOGLOBIN					
HCT (Hematocrit)					
MCH (Mean Corpuscular Haemoglobin)					
MCHC (Mean Corpuscular Haemoglobin Concentration)					
MCV (Mean Corpuscular Volume)					
PLATELET COUNT					
WBC DIFFERENTIAL COUNT					
WHITE BLOOD CELL COUNT	 x1 Full 4ml K2 EDTA tube (Purple/Lilac cap)	DAILY	Fresh sample (no time preference)	1.5 working days <i>*URGENT - 2hrs</i>	
BASOPHIL					
EOSINOPHIL					
LYMPHOCYTE					
MONOCYTE					
NEUTROPHIL					

Reference range for each test as stated in the laboratory reports.

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IFM/514 Clinical Laboratory
 Laboratory Test Catalogue

GROUP TEST					
Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark
FBC & WBC DIFFERENTIAL COUNT					
H A E M A T O L O G Y	WHITE BLOOD CELL COUNT	 x1 Full 4ml K2 EDTA tube (Purple/Lilac cap)	DAILY	Fresh sample (no time preference)	1.5 working days *URGENT - 2hrs
	BASOPHIL				
	EOSINOPHIL				
	LYMPHOCYTE				
	MONOCYTE				
	NEUTROPHIL				
	RED BLOOD CELL COUNT				
	HAEMOGLOBIN				
	HCT (Hematocrit)				
	MCH (Mean Corpuscular Haemoglobin)				
	MCHC (Mean Corpuscular Haemoglobin Concentration)				
	MCV (Mean Corpuscular Volume)				
PLATELET COUNT					

Reference range for each test as stated in the laboratory reports.

INDIVIDUAL TEST

URINE ANALYSIS




Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark
URINE ALBUMIN/ CREATININE RATIO SPOT (ACR)	 x1 >10ml urine sample in sterile urine container	DAILY	Fresh sample (no time preference)	1.5 working days *URGENT - 2hrs	
24 HOURS URINE CALCIUM	 x1 WHOLE URINE COLLECTION within the 24 hour in 5L Urine Container with HCL			7 working days	State the total volume. To be sent out to referral lab
URINE CREATININE SPOT	 x1 >10ml urine sample in sterile urine container				
24 HOURS URINE CREATININE	 x1 WHOLE URINE COLLECTION within the 24 hour in 5L Urine Container without preservative AND x1 FULL Lithium Heparin tube (light Green cap) with gel - for Creatinine level				State the total volume. Requires patient's plasma Creatinine value, patient's height and weight - in order to obtain the calculation for 24 hours Urine Creatinine
URINE, LABSTIX	 x1 >10ml urine sample in sterile urine container				
URINE FEME (MICROSCOPY)	 x1 >10ml urine sample in sterile urine container				1.5 working days *URGENT - 2hrs
URINE HCG, QUALITATIVE	 x1 >10ml urine sample in sterile urine container				
URINE MICROALBUMIN SPOT	 x1 >10ml urine sample in sterile urine container				
URINE TOTAL PROTEIN, SPOT	 x1 >10ml urine sample in sterile urine container				
24 HOURS URINE TOTAL PROTEIN	 x1 WHOLE URINE COLLECTION within the 24 hour in 5L Urine Container without preservative				

Reference range for each test as stated in the laboratory reports.



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Laboratory Test Catalogue

INDIVIDUAL TEST





Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark
ALANINE AMIOTRANSFERASE (ALT)	 <p>x1 Full Lithium Heparin tube (light Green cap) with gel (if any of these tests is individually requested without any other biochemistry tests; otherwise to combine the same tube with other requested biochemistry tests)</p>	DAILY	Fresh sample (no time preference)	1.5 working days <i>*URGENT - 2hrs</i>	Need Patient's details (Race, Gender, Age) and Plasma Creatinine. Calculated using CKD-EPI calculation.
ALBUMIN					
ALKALINE PHOSPHATASE (ALKP)					
AMYLASE					
ASPARTATE AMINOTRANSFERASE (AST)					
BICARBONATE					
BILIRUBIN DIRECT; CONJUGATED					
BILIRUBIN TOTAL					
CALCIUM					
CHLORIDE					
CHOLESTEROL					
C-REACTIVE PROTEIN (CRP)					
CREATININE					
CREATINE KINASE (CK)					
CREATINE KINASE - MB (CKMB)					
ESTIMATED GLOMERULAR FILTRATION RATE (EGFR)	 <p>x1 Full Sodium Fluoride tube (Grey cap)</p>	Every MON, TUES and WED by appointment	Appointment starts at 7.30 - 8 am (Every Mon, Tues and Wed)	Fasting (only plain water) between 8 -12 hours.	
GAMMA GLUTAMYL TRANSFERASE (GGT)					
GLUCOSE (RANDOM OR FASTING)					
GLUCOSE TOLERANCE TEST (GTT)	 <p>Full x2 Sodium Fluoride tubes (Grey); Collected at 0hr and at 2 hrs</p>	Need to book appointment beforehand; it requires special standard of procedure			

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Reference range for each test as stated in the laboratory reports.

INDIVIDUAL TEST

Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark
HBA1c	 x1 Full K2 EDTA tube (Purple/Lilac cap)	DAILY	Fresh sample (no time preference)	1.5 working days *URGENT - 2hrs	
HDL CHOLESTEROL					
IRON (FE)					
LDH					
MAGNESIUM	 x1 Full Lithium Heparin tube (light Green cap) with gel (if any of these tests is individually requested without any other biochemistry tests: otherwise to combine the same tube with other requested biochemistry tests)				
PHOSPHATE					
POTASSIUM					
SODIUM					
TOTAL PROTEIN					
TRIGLYCERIDES					
TROPONIN I	 x1 Whole blood/ plasma from Full Lithium Heparin (light Green cap) with gel				
UNSATURATED IRON BINDING CAPACITY (UIBC)	 x1 Full Lithium Heparin tube (light Green cap) with gel (if any of these tests is individually requested without any other biochemistry tests: otherwise to combine the same tube with other requested biochemistry tests)				
UREA					
URIC ACID					

Reference range for each test as stated in the laboratory reports.

GROUP TEST					
Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark
CARDIAC ENZYMES					
CREATINE KINASE	 x1 Full Lithium Heparin tube (Light Green cap) with gel	DAILY	Fresh sample (no time preference)	1.5 working days * URGENT - 2hrs	
LDH					
CREATINE KINASE -MB					
TROPONIN I					
ELECTROLYTES					
CHLORIDE	 x1 Full Lithium Heparin tube (light Green cap) with gel	DAILY	Fresh sample (no time preference)	1.5 working days * URGENT - 2hrs	
POTASSIUM					
SODIUM					
BICARBONATE					
GLUCOSE + LIPID (Random or Fasting)					
GLUCOSE	 x1 Full Sodium Fluoride tube (Grey cap)	DAILY	Fresh sample (no time preference)	1.5 working days * URGENT - 2hrs	Fasting (only plain water) ideally between 10 -12 hours.
CHOLESTEROL	 x1 Full Lithium Heparin tube (Light Green cap) with gel				
DHDL					
TRIGLYCERIDES					
LDL					
IRON STUDIES					
IRON (FE)	 x1 Full Lithium Heparin tube (Light Green cap) with gel	DAILY	Fresh sample (no time preference)	1.5 working days * URGENT - 2hrs	
UNSATURATED IRON BINDING CAPACITY (UIBC)					
IRON SATURATION					

Reference range for each test as stated in the laboratory reports.



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GROUP TEST


LIVER FUNCTION TEST (LFT)					
Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark
ALBUMIN	 x1 Full Lithium Heparin tube (Light Green cap) with gel	DAILY	Fresh sample (no time preference)	1.5 working days *URGENT - 2hrs	
ALKALINE PHOSPHATASE (ALKP)					
ALANINE AMINOTRANSFERASE (ALT)					
ASPARTATE AMINOTRANSFERASE (AST)					
BILIRUBIN DIRECT; CONJUGATED					
GAMMA-GLUTAMYL TRANSFERASE (GGT)					
GLOBULIN					
TOTAL BILIRUBIN					
TOTAL PROTEIN					
RENAL FUNCTION TEST (RFT)					
CHLORIDE	 x1 Full Lithium Heparin tube (Light Green cap) with gel	DAILY	Fresh sample (no time preference)	1.5 working days *URGENT - 2hrs	
CREATININE					
POTASSIUM					
SODIUM					
UREA					

Reference range for each test as stated in the laboratory reports.

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INDIVIDUAL TEST

Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark
ALPHA FETOPROTEIN (AFP)	 <p>x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - If any of these tests is individually requested without any other immunology tests: otherwise to combine the same tube with other requested immunology tests (Maximum of 5 tests per tube)</p>	<p>ONLY EVERY TUESDAY (FOR ROUTINE BHCG, FERRITIN AND SEX HORMONES) & EVERY WEDNESDAY (FOR ROUTINE THYROID FUNCTION TEST AND TUMOR MARKERS)</p>	Fresh sample (no time preference)	1.5 working days from the day of testing * URGENT - 3hrs	<p>* Tuesday Immunoassay screening is applicable to BHcG, Ferritin and Sex hormone samples which are collected up until Monday afternoon only. * Wednesday Immunoassay screening is applicable to Thyroid Function test and Tumor Marker samples which are collected up until Tuesday afternoon only.</p>
BHCG QUANTITATIVE					
CA 125					
CA 153					
CA 199					
CARCINOEMBRYONIC ANTIGEN (CEA)					
ESTRADIOL					
FERRITIN					
FOLLICLE STIMULATING HORMONE (FSH)					
FREE T3					
FREE T4					
LUTEINIZING HORMONE (LH)					
PROGESTERONE					
PROLACTIN					
PROSTATE SPECIFIC ANTIGEN, TOTAL (TOTAL PSA)					
TESTOSTERONE					
THYROID STIMULATING HORMONE (TSH)					

Reference range for each test as stated in the laboratory reports.








GROUP TEST

Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark
SEX HORMONES & TESTOSTERONE					
ESTRADIOL	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)	EVERY TUESDAY (FOR ROUTINE SEX HORMONES)	Fresh sample (no time preference)	1.5 working days from the day of testing *URGENT - 3hrs	* Tuesday Immunoassay screening is applicable to Sex hormone samples which are collected up until Monday afternoon only.
FOLLICLE STIMULATING HORMONE (FSH)					
LUTEINIZING HORMONE (LH)					
PROGESTERONE					
PROLACTIN					
TESTOSTERONE (OPTIONAL)	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) (if this test is individually requested; otherwise to combine the same tube with other requested immunology tests)				
THYROID FUNCTION TEST					
FREE T3	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)	EVERY WEDNESDAY (FOR ROUTINE THYROID FUNCTION TEST)	Fresh sample (no time preference)	1.5 working days from the day of testing *URGENT - 3hrs	* Wednesday Immunoassay screening is applicable to Thyroid Function test samples which are collected up until Tuesday afternoon only.
FREE T4					
THYROID STIMULATING HORMONE (TSH)					
TUMOR MARKERS (FEMALE)					
AFP	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)	EVERY WEDNESDAY (FOR ROUTINE TUMOR MARKER)	Fresh sample (no time preference)	1.5 working days from the day of testing *URGENT - 3hrs	* Wednesday Immunoassay screening is applicable to Tumor Marker samples which are collected up until Tuesday afternoon only.
CEA					
CA 125					
CA 153					
CA 199					
TUMOR MARKERS (MALE)					
AFP	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)	EVERY WEDNESDAY (FOR ROUTINE TUMOR MARKER)	Fresh sample (no time preference)	1.5 working days from the day of testing *URGENT - 3hrs	
CEA					
CA 199					
TOTAL PSA					

Reference range for each test as stated in the laboratory reports.

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INDIVIDUAL TEST

Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark
ANTI-HBS (Screening for HBs antibody)	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)	EVERY THURSDAY (FOR ROUTINE SEROLOGY SCREENING)			
ANTI - STREPTOLYSIN; ASOT (Latex agglutination kit to detect specific antibodies produce from Streptolysin-O bacterial infection)	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)				
BLOOD GROUPING (classification of blood, based on the presence and absence of antibodies and inherited antigenic substances on the surface of red blood cells)	 x1 Full EDTA tube (Purple cap) or x1 Full Plain tube (Red cap)				
DENGUE DUO (Screening for both Dengue Antigen and Antibody)	 x1 Full EDTA tube (Purple cap) or x1 Full Plain tube (Red cap)	DAILY			
HBeAg (Screening for Hepatitis B e Antigen)	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - if any of these test is individually requested; otherwise to combine the same tube with other requested immunology tests (Maximum of 5 tests per tube)		Fresh sample (no time preference)	1.5 working days from the day of testing <i>*URGENT - 3hrs</i>	* Thursday Serology screening is applicable to samples which are collected up until Wednesday afternoon only.
HBsAg (Screening for Hepatitis B Surface Antigen)					
HCV (Screening for Hepatitis C Antigen)					
HELICOBACTER PYLORI (Screening for Helicobacter pylori antigen)					
HIV (Screening for HIV p24 antigen and antibodies to HIV type 1 (HIV-1 group M and group O) and/or type 2 (HIV-2))					
MONOTEST (Screening for heterophile antibodies which produced in response to an EBV infection)		EVERY THURSDAY (FOR ROUTINE SEROLOGY SCREENING)			
RHEUMATOID ARTHRITIS, RA LATEX (Latex agglutination kit to detect the presence of Rheumatoid Factor)					
RHESUS BLOOD GROUPING, RHIM (Determination of Rhesus antigen on red blood cells)	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)				
RUBELLA IgG (Screening for Rubella IgG antibodies)	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)				

Reference range for each test as stated in the laboratory reports.





INDIVIDUAL TEST

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Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark
SARS COV-2 (Quantitative screening for Sars Cov-2 IgG antibodies)	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)	EVERY THURSDAY (FOR ROUTINE SEROLOGY SCREENING)	Fresh sample (no time preference)	1.5 working days from the day of testing <i>*URGENT - 3hrs</i>	<i>* Thursday Serology screening is applicable to samples which are collected up until Wednesday afternoon only.</i>
SARS COV-2 (Rapid test screening for IgM/IgG antibodies against SARS COV-2)	 x1 Full K2 EDTA tube (Purple/Lilac cap)				
SYPHILLIS TP (Screening of Treponema pallidum (TP) antibody)	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) (if any of these test is individually requested; otherwise to combine the same tube with other requested immunology tests)				
VDRL (Using Rapid Plasma Reagin carbon kit, to detect non specific syphilis antibodies produced by the infection)					











GROUP TEST

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Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark
ANTENATAL SCREENING					
BLOOD GROUPING	 x1 Full EDTA tube (Purple cap) AND x1 Full Plain tube (Red cap)	EVERY THURSDAY (FOR ROUTINE SEROLOGY SCREENING)	Fresh sample (no time preference)	1.5 working days from the day of testing <i>*URGENT - 3hrs</i>	<i>* Thursday Serology screening is applicable to samples which are collected up until Wednesday afternoon only.</i>
RHIM					
ANTI HBS					
HBsAg					
HIV SCREENING	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)				
RUBELLA IgG					
VDRL					
SYPHILLIS TP (OPTIONAL)	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)				
HEPATITIS SCREENING					
ANTI HBS	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)	EVERY THURSDAY (FOR ROUTINE SEROLOGY SCREENING)	Fresh sample (no time preference)	1.5 working days from the day of testing <i>*URGENT - 3hrs</i>	<i>* Thursday Serology screening is applicable to samples which are collected up until Wednesday afternoon only.</i>
HBeAg					
HBsAg					
HCV					

Reference range for each test as stated in the laboratory reports.






INDIVIDUAL TEST

Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark
AIR ANALYSIS	 Requires special standard operating procedure	EVERY Monday, Tuesday, Wednesday and Thursday	Fresh sample (no time preference)	7 days	
ACID FAST BACILLI (AFB) SCREEN	 x1 Sputum sample in sterile wide-neck sputum container	DAILY REFERRED OUT		7 weeks	State the collection date and time.
ENVIRONMENTAL CULTURE	 Sample swabbing using Sterile transport swab with gel			7 days	Need to state the site and collection date and time.
FOOD ANALYSIS	 Food sample in a sterile screwed cap jar	DAILY		7 days	Need to state the site and collection date and time.
MYCOLOGY (KOH MICROSCOPY AND CULTURE)	 Scrapping, nail clipping or hairs in a sterile universal container	DAILY REFERRED OUT		5 weeks	State the source, site and collection date and time.
STOOL MICROSCOPY (by centrifugation) AND CULTURE	 Stool sample in Sterile stool container			7 days	Need to state the collection date and time.
SPUTUM CULTURE	 x1 Sputum sample in sterile wide-neck sputum container			7 days	State the collection date and time.
SWAB CULTURE (Microscopy and Culture; and Antibiotic sensitivity, if applicable)	 Sample swabbing using Sterile transport swab with gel			7 days	Need to state the source, site and collection date and time.
URINE CULTURE	 x1 >10ml urine sample in sterile urine container	DAILY; FURTHER IDENTIFICATION WILL BE REFERRED OUT		7 days	To perform Labstick prior culturing using Uricult
WATER ANALYSIS	 Water samples to be collected in the treated water collection bottles provided by the lab	EVERY Monday, Tuesday, Wednesday and Thursday		4 days	Need to state the source and collection date and time.

MICROBIOLOGY

Reference range for each test as stated in the laboratory reports.

INDIVIDUAL TEST

Test	Type of specimen	Tested in the lab	Collection preference time	Result turn around time	Remark
P A R A S I T O L O G Y	ADENOVIRUS AND ROTAVIRUS RAPID TEST	 Stool sample in Sterile stool container	DAILY	Fresh sample (no time preference)	1.5 working days * URGENT - 2hrs
	CHLAMYDIA EIA (Rapid test kit to detect for Chlamydia trachomatis)	 Swabbing of Female endocervical cells using DRY SWAB OR collection of male urine specimen in a sterile urine container			
	FAECAL OCCULT BLOOD	 Stool sample in Sterile stool container			
	POST VASECTOMY ANALYSIS	 Full volume of semen sample in sterile universal container	EVERY Monday, Tuesday, Wednesday morning (7 - 8.30 am only)	Need to sent the sample within 1 hour after the collection	Beforehand, the patient is required to collect the sample container and instructions for specimen collection from the lab
	SEMEN ANALYSIS	 Full volume of semen sample in sterile universal container			










Reference range for each test as stated in the laboratory reports.



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Laboratory Test Catalogue

S - SPECIALISED TEST

REFERRAL TEST









Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark			
17 HYDROXYPROGESTERONE S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)	REFERRED OUT	Fresh sample	28 calendar days	Stable for 14 days refrigerated/ 4 weeks frozen			
5 HYDROXY INDOLE ACETIC ACID (5HIAA), Plasma S	Special tube upon request (Min. 1 ml plasma)		Frozen Plasma	14 calendar days	Fasting overnight and by appointment			
ACETYLCHOLINE RECEPTOR AB S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)		Fresh sample	28 calendar days	Stable for 1 week refrigerated			
Coagulation: ACTIVATED PROTEIN RESISTANCE (FACTOR 5 LEIDEN) S	 x1 Full Sodium Citrate (Blue capped)		Frozen plasma from double centrifuged specimen					
ADRENOCORTICOTROPIC HORMONE (ACTH) S	 x1 Full K2 EDTA tube (Purple/Lilac cap)		Fresh sample	Fresh sample	14 calendar days			
AFB QUANTIFERON TB - GOLD PLUS S	Special collection kit and collection procedure				14 calendar days	Sample collection by appointment. Stable for 1 month refrigerated (after spin)		
ALKALINE PHOSPHATASE ISOENZYMES (Fractionation) S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)							
ALPHA 1 ANTITRYPSIN S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)							
AMINO ACID CHROMATOGRAPHY PLASMA S	 x1 Full Lithium Heparin tube (Light Green cap) with gel					Stable for 14 days refrigerated		
AMINO ACID CHROMATOGRAPHY URINE S	 x1 20ml urine sample in sterile urine container					Stable for 28 days refrigerated		
ANDROSTENEDIONE S								
ANGIOTENSIN CONVERTING ENZYME (ACE) S					Frozen sample			
ANTI CARDIOLIPIN IgG / IgM S					Fresh sample	Fresh sample	14 calendar days	Stable for 2 days refrigerated
ANTI CYCLIC CITRULLINATED PEPTIDE (ACCP) S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests (Maximum of 5 tests per tube)							Stable for 8 days refrigerated
ANTI DNA S				Refrigerated				
ANTI DNAase B S								
ANTI-ds DNA S								
ANTI ENDOMYSIAL IgA S							Stable for 2 weeks refrigerated	
ANTI DEAMIDATED GLIADIN IgG/ IgA S							Fresh sample. Sample collection every MONDAY (for Tuesday shipment) & WEDNESDAY (for Thursday shipment) ONLY.	Stable for 21 days refrigerated

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST

REFERRAL TEST

REFERRAL TEST

Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark
<i>PANTAI Allergy PANEL : ASEAN 36</i>	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)	REFERRED OUT	Fresh sample	28 calendar days	Component Test: Banana, orange, Rice, Wheat, Sesame Seed, Soy bean, Peanut, Milk, Chocolate, Egg Yolk, Egg White, Chicken, Beef, Clam, Crab, Shrimp, Codfish, Tuna, Salmon, Timothy grass, Bermuda grass, Mucor, Alternaria, Aspergillus, Candida, Cladosporium, Penicillium, Cat Dander, Dog Dander, Cockroach mix, House dust, D. Farinae, D. Pteroyssinus, Blomia Tropicalis, Total IgE and Latex
<i>PANTAI Allergy test: ANTIBIOTIC ALLERGY</i>	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)				Component Test: Amoxilloyl/ Ampicillin, Ampicilloyl/ Amoxycillin, Penicilloyl G and Penicilloyl V
<i>PANTAI Allergy test: BIRD FEATHERS MIX</i>	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)				Component Test: Wheat, Oat, Maize, Sesame seed and Buckwheat
<i>PANTAI Allergy PANEL : CEREAL MIX</i>	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)				Component Test: Egg white, Milk, Fish, Wheat, Peanut and Soy Bean
<i>PANTAI Allergy PANEL : COMMON FOOD MIX 1</i>	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)				Component Test: Pork (Not tested for Muslim), Beef, Egg yolk, Chicken and Turkey
<i>PANTAI Allergy PANEL : COMMON FOOD MIX 2</i>	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)				Component Test: Dermatophagoides pteronyssinus, ermatophagoides farinae, Cockroach and House dust
<i>PANTAI Allergy PANEL : HOUSE DUST MIX</i>	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)				Component Test: Egg white, Cow's milk, Fish cod), Wheat, Peanut, Soybean, Crab, Shrimp, Cat Dander, Dog Dander, D. farinae, D.Pteronyssinus, Blomia tropicalis, Cockroach, Pet Dander Mix, Grass Pollen Mix and Mould Mix 1
<i>PANTAI Allergy PANEL : IMMUNOCAP ECZEMA ADULT</i>	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)				











Reference range for each test as stated in the laboratory reports.



S - SPECIALISED TEST

REFERRAL TEST



REFERRAL TEST

Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark
<i>PANTAI Allergy PANEL :</i> IMMUNOCAP ECZEMA PAEDIARIC	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) S	REFERRED OUT	Fresh sample	28 calendar days	Component Test: Egg white, Cow's milk, Fish cod), Wheat, Peanut, Soybean, Cat Dander, Dog Dander, D. farinae, D.Pteronyssinus, Blomia tropicalis and Cockroach
<i>PANTAI Allergy PANEL :</i> IMMUNOCAP RHINITIS/ASTHMA ADULT	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) S				Component Test: Cat Dander, Dog Dander, D. farinae, D.Pteronyssinus, Blomia tropicalis, Cockroach, Acacia tree pollen, Pet Dander Mix, Grass pollen Mix and Mould mix 1
<i>PANTAI Allergy PANEL :</i> IMMUNOCAP RHINITIS/ASTHMA PAEDIARIC	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) S				Component Test: Egg white, Cow's mil, Wheat, Soybean, Cat Dander, Dog Dander, D. pteronyssinus, Blomia tropicalis, Grass pollen mix and Acacia tree pollen
<i>PANTAI Allergy PANEL :</i> MOULD MIX 2	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) S				Component Test: Penicillium chrysogenum, Cladosporium herbarum, Aspergillus fumigatus, Candida albicans, Alternaria alternate and Setomelanomma rostrata
<i>PANTAI Allergy PANEL :</i> NUTS MIX	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) S				Component Test: Peanut, Hazel nuts, Brazil nuts, Almond and Coconut
<i>PANTAI Allergy Test:</i> OCCUPATIONAL ALLERGEN	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) S				Component Test: Latex
<i>PANTAI Allergy Test:</i> PHADIATOP INFANT	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) S				Refrigerated
<i>PANTAI Allergy Test:</i> PHADIATOP INHALANT	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) S				Refrigerated
<i>PANTAI Allergy PANEL :</i> PET DANDER	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) S				Component Test: Cat, Dog, Guinea Pig, Rat and Mouse
<i>PANTAI Allergy PANEL :</i> SEAFOOD MIX	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) S				Component Test: Fish, Shrimp, Blue Mussel, Tuna and Salmon

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST

REFERRAL TEST



Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark
R E F E R R A L T E S T	PANTAI Allergy SINGLE Test: HOUSE DUST MITES - Dermatophagoides farinae - Dermatophagoides pteronyssinus - Blomia tropicalis S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)			
	PANTAI Allergy SINGLE Test: FRUITS AND VEGETABLES - Apple - Avocado - Banana - Carrot - Coconut - Cucumber - Eggplant - Grape - Guava - Jackfruit - Kiwi - Lemon - Maize - Mango fruits - Melon - Onion - Orange - Papaya - Pea - Pear - Pineapple - Potato - Spinacia oleracea - Spinach - Strawberry - Tomato S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum required tests</i> (Maximum of 5 allergens per tube)	REFERRED OUT	Fresh sample	28 calendar days

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST

REFERRAL TEST

REFERRAL TEST



Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark
<p><i>PANTAI Allergy SINGLE Test:</i> COMMON FOOD</p> <ul style="list-style-type: none"> - Almonds - Barley - Beef - Buckwheat - Casein (Cow's milk) - Cashew Nuts - Cheddar Cheese - Chicken - Chickpea - Chilli Pepper - Cocoa - Coffee - Curry powder - Egg white - Egg yolk - Garlic - Gelatin - Gluten - Goat's milk - Hazelnut - Honey - Lentil - Milk (Cow's Milk) - Mint flavor - Mushroom - Mustard - Mutton - Oats - Peanut - Pistachio - Pork - Rice - Red kidney beans - Sesame seed - Soya bean - Sweet Potato - Tea - Wheat - Yeast <p style="text-align: right;">S</p>	 <p>x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum required tests (Maximum of 5 allergens per tube)</i></p>	REFERRED OUT	Fresh sample	21 calendar days	
<p><i>PANTAI Allergy SINGLE Test:</i> SEAFOOD</p> <ul style="list-style-type: none"> - Abalone - Anchovy - Blue Mussel - Chinese Pomfret - Clam - Crab - Fish (Cod) - Lobster - Oyster - Pacific Squid (Sotong) - Pilchard - Sardine - Scallop - Shrimp - White Squids <p style="text-align: right;">S</p>	 <p>x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum required tests (Maximum of 5 allergens per tube)</i></p>				

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST

REFERRAL TEST

REFERRAL TEST

Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark
PANTAI Allergy SINGLE Test: EPIDERMALS AND INSECTS - Aedes sp Mosquito - Ascaris - Cat Dander - Cockroach - Common Wasp (Yellow Jacket Venom) - Dog Dander - Dog Epithelium - Guinea Pig Epithelium - Hamster Epithelium - Honey Bee - Mouse - Pigeon Dropping - Rabbit Epidermal - Rat - Rat Urine Protein - Tenggiri Parang S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)				
PANTAI Allergy PANEL: IMUPRO FOOD ALLERGY - 22 PANEL - Almond - Banana - Carrots - Chicken - Chicken egg - Garlic - Gluten - Goat milk & Cheese - Green bean - Pea - Hazelnut - Honey (mixture) - Lobster - Milk (Cow) - Orange - Pineapple - Rice - Sheep milk & Cheese - Soyabean - Sweet pepper - Tomato - Vanilla -Yeast (beer/bread) S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)	REFERRED OUT	Fresh Sample	28 calendar days	


Reference range for each test as stated in the laboratory reports.



IFM/514 Clinical Laboratory
 Laboratory Test Catalogue

S - SPECIALISED TEST








REFERRAL TEST

Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark
R E F E R R A L T E S T PANTAI Allergy PANEL: IMUPRO FOOD ALLERGY - 44 PANEL - Almond - Barley - Beef - Broccoli - Carrots - Celery - Cherry - Chicken - Chicken egg - Cod - Coffee - Crayfish - Cucumber - Curry - Flax & linseed - Garlic - Gluten - Goat milk & cheese - Hazelnut - Honey (mixture) - Horseradish - Milk (cow) - Mustard seed - Oats - Oyster mushroom	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)	REFERRED OUT	Fresh sample	21 calendar days	

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST













REFERRAL TEST

Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark		
ANTI GLUTAMIC ACID DECARBOXYLASE S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests.</i> (Maximum of 2 referrals tests per tube)	REFERRED OUT	Fresh sample	14 calendar days	Stable for 2 weeks refrigerated		
ANTI HAV (Hep A) IgG/ IgM				28 calendar days			
ANTI MITOCHONDRIAL M2							
ANTI MULLERIAN HORMONE (Lablink) S				Fresh sample. Sample collection every MONDAY (for Tuesday shipment) & WEDNESDAY (for Thursday shipment) ONLY .	14 calendar days	Stable for 5 days refrigerated	
ANTI NEUTROPHIL CYTOPLASMIC AB (ANCA)				Fresh sample			
ANTI NUCLEAR FACTOR, (Lupus Screen) S							
ANTI PHOSPHOLIPID ANTIBODIES SCREEN S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - for Cardiolipin AND x2 Full Sodium Citrate (Blue cap) - for Lupus Anticoagulant			Double spin, separate plasma and Freeze.	28 calendar days	Includes: Cardiolipin Antibody and Lupus Anticoagulant	
ANTI SKELETAL MUSCLE (STRIATED) S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)						
ANTI SMOOTH MUSCLE ANTIBODY S							
ANTI THYROGLOBULIN ANTIBODIES S							
ANTI THYROID MICROSOMAL (PEROXIDASE ANTIBODY) S						14 calendar days	Stable for 8 days refrigerated
BENCE JONES PROTEIN S	 x1 20ml urine sample in sterile urine container						
BILE ACID (URINE) S	 x1 20ml urine sample in sterile urine container			Fresh sample	28 calendar days		
BLOOD FILM BY HAEMATOLOGIST OR MLT	 x1 Full K2 EDTA tube (Purple/Lilac cap)				14 calendar days		
<i>Lyme Disease:</i> BORRELIA SEROLOGY IgG/ IgM S					28 calendar days	Refrigerated	
BRAIN NATRIURETIC PEPTIDE (NT-PRO) S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)				14 calendar days	Stable for 6 days refrigerated	
C1 (ENTERASE INHIBITOR) S				28 calendar days			
C - PEPTIDE S							
CALCITONIN S			Frozen serum	14 calendar days			

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST

REFERRAL TEST






Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark			
S Stone Analysis: CALCULI (KIDNEY STONE) ANALYSIS	 Sample in sterile container	REFERRED OUT	Fresh sample	14 calendar days				
S CALPROTECTIN (STOOL)	 Morning stool sample in Sterile stool container		Fresh sample. Sample collection every MONDAY (for Tuesday)		Stable for 6 days refrigerated			
S CARDIOLIPIN ANTIBODIES (IgG, IgM)	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)		Stable for 2 days refrigerated					
S CATECHOLAMINES - URINE 24 HOURS	 x1 WHOLE URINE COLLECTION within the 24 hour in 5L Urine Container (30ml 6N HCL added)		28 calendar days	Stable for 5 days refrigerated				
S Lymphocyte Subsets: CD3 (PAN T) ASSAY	 x1 Full K2 EDTA tube (Purple/Lilac cap)		14 calendar days	Fresh sample	Stable for 48 hours refrigerated			
S Lymphocyte Subsets: CD4 / 8 ASSAY	 x1 Full K2 EDTA tube (Purple/Lilac cap)							
S Lymphocyte Subsets: CD 56 (NK) ASSAY	 x1 Full K2 EDTA tube (Purple/Lilac cap)							
S CHIKUNGUNYA VIRUS IgG/ IgM	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)					Stable for 14 days refrigerated		
S CHLAMYDIA AND GONOCOCCUS PCR	 x1 20ml morning urine sample in sterile urine container (preference for Male) OR Swabbing of Female endocervical cells using DRY SWAB					Combination test for detection of Nisseria gonorrhoea and Chlamydia trachomatis		
S CHLAMYDIA IgG	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested: otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)					28 calendar days	Fresh sample	
S CHLAMYDIA IgM								
S Chromosome Analysis: (incl. KARYOTYPE 11)	 x1 Full Lithium Heparin tube (Light Green cap) with gel AND x1 Full K2 EDTA tube (Purple/Lilac cap)					Require to fill up consent form and lab request form. Refrigerated.		
S Chromosome Analysis: (incl. KARYOTYPE 12)								
S Coeliac Screen: ANTI GLIADIN (DEAMIDATED) IgG/ IgA	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested: otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)		28 calendar days	Stable for 21 days refrigerated				
S Coeliac Screen: TISSUE TRANSGLUTAMINASE		Refrigerated						
S COMPLEMENT 3 (C3)		14 calendar days	Stable for 7 days refrigerated					
S COMPLEMENT 4 (C4)								

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST

REFERRAL TEST

REFERRAL TEST


Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark
CORTISOL SERUM S	 <p>x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested: otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)</p>	REFERRED OUT	Fresh sample	14 calendar days	To state the time of collection on the request form
CYTOMEGALOVIRUS (CMV) IgG/ IgM S			Separate serum and freeze aliquot		
DEHYDROEPIANDROSTERONE SULFATE (DHEAS) S					
DOWN SYNDROME & NTD (FIRST TRIMESTER TEST) S	 <p>x1 Full SST Gel Activator tube (Yellow cap) with gel</p>	Referred Out Component Test: Free Beta HCG PAPP A, Free Beta HCG, Risk Factor - Down Syndrome T21 - Edward's Syndrome T18 - Patau Syndrome T13	Fresh sample (Sent the Primary tube - no serum seperation required)	21 calendar days	Ultrasound by FMF registered Sonograher translucency together. Information required: Maternal weight in kg, Maternal DOB, Gestational Age by ultrasound and Nuchal translucency. Timing requirements: Ultrasound and Blood Test at 11w0d - 13w6d
DOWN SYNDROME & NTD (SECOND TRIMESTER - TRIPLE TEST) S	 <p>x1 Full SST Gel Activator tube (Yellow cap) with gel</p>	Referred Out Component Test: AFP, UE, Free Beta HCG, Risk Factor: Neural tube defect Down Syndrome & Edward's Syndrome T18			All relevant details - LMP - DOB Gestation determination MUST be on the form. Accurate gestation, preferably by ultrasound is essential for correct risk assessment. Blood test at 15w0d - 19w6d.
ENTEROVIRUS PCR	 <p>x1 Throat Dry swab/ Stool sample or 1 x Full K2 EDTA tube (Purple/Lilac cap)</p>	Referred Out Including Coxsackie, Echovirus, Auto Reflex to EV71 when pan-enterovirus is detected.		28 calendar days	Stable for 72 hours refrigerated
EPSTEIN BARR VIRUS EARLY (EBV EA) IgM/ IgG	 <p>x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested: otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)</p>	REFERRED OUT	Fresh sample	14 calendar days	Stable for 2 weeks refrigerated
EPSTEIN BARR VIRUS EARLY (EBV EA) IgA (NPC Marker) S					
EPSTEIN BARR VIRUS VCA (Viral Capsid Antigen) IgM/ IgG S					Requested when suspected infectious mononucleosis
EPSTEIN BARR VIRUS VCA (Viral Capsid Antigen) IgA (NPC Marker) S					
ERYTHROPOIETIN SERUM S					Refrigerated

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST

REFERRAL TEST










REFERRAL TEST

Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark
Urine Drug Confirmation of Amphetamine and Methamphetamine S	 Random urine sample in the drug test cup with sufficient volume, correct temperature and complete patient's details; sealed and placed in a biohazard bag.	REFERRED OUT	Urine sample in the primary drug test cup with complete and correct patient's details. Request form is required to be filled up completely upon the submission of the sample to the laboratory.	14 calendar days	Keep it refrigerated
Urine Drug Determination of Amphetamine and Methamphetamine Isomer S				21 calendar days	
Urine Drug confirmation of Barbiturates S					
Urine Drug Confirmation of Benzodiazepines S					
Urine Drug Confirmation of Carboxy - THC S					
Urine Drug Confirmation of Cocaine S					
Urine Drug Confirmation of Cocaine S					
Urine Drug Confirmation of Ecstasy (MDMA, MDA, MDEA) S					
Urine Drug Confirmation Ketamine S					
Urine Drug Confirmation of Morphine and Codeine S					

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST

REFERRAL TEST



Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark														
ESTRIOL S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)	REFERRED OUT	Fresh sample. Sample collection every MONDAY (for Tuesday shipment) & WEDNESDAY (for Thursday shipment) ONLY .	14 calendar days	Stable for 1 week refrigerated														
ESTRONE S					Includes antibody to: RNP, Sm, Ro(SSA), La(SSB), Sci70, Jo 1														
EXTRACTABLE NUCLEAR ANTIGEN PROFILE S					Stable for 7 days refrigerated														
<i>Coagulation:</i> FACTOR V LEIDEN GENE (MUTATION ANALYSIS) S	 x2 Full K2 EDTA tube (Purple/Lilac cap)		REFERRED OUT		Fresh Sample	28 calendar days	Stable for 7 days refrigerated												
FOLATE (FOLIC ACID) red CELL S	 x1 Full K2 EDTA tube (Purple/Lilac cap)						Stable for 2 days refrigerated												
FOLATE (FOLIC ACID) SERUM S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i>						Stable for 20 days refrigerated												
FRUCTOSAMINE S							Stable for 2 weeks refrigerated												
G6PD SCREEN S	 x2 Full K2 EDTA tube (Purple/Lilac cap)						REFERRED OUT	Separate serum and freeze immediately	14 calendar days	Stable for 20 days refrigerated									
G6PD QUANTITATIVE S										Stable for 2 weeks refrigerated									
GLUCAGON S	 x1 Full K2 EDTA tube (Purple/Lilac cap)									REFERRED OUT	Separate serum and freeze immediately	14 calendar days	Stable for 2 weeks refrigerated						
GLUTAMIC ACID DECARBOXYLASE (GAD) ANTIBODIES S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)												REFERRED OUT	Separate serum and freeze immediately	14 calendar days	Stable for 2 weeks refrigerated			
GROWTH HORMONE S																  x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) AND x1 Full K2 EDTA tube (Purple/Lilac cap)	REFERRED OUT	Separate serum and freeze immediately	14 calendar days
HB ANALYSIS/ HEMOGLOBIN ELECTROPHORESIS PROFILE S	Referred Out Component test: HbA - HbA2, HbF, HbH, Ferritin, red Cell Count & Indices																		

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST

REFERRAL TEST













REFERRAL TEST

Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark
HEAVY METAL EXPOSURE - ARSENIC (BLOOD) S	 <p>x1 Full K2 EDTA (Royal blue) OR x1 Full K2 EDTA tube (Purple/Lilac cap) - <i>If any of these test is individually requested: otherwise to combine the same tube with other Heavy metal exposure tests. (Maximum of 2 referrals tests per tube)</i></p>	REFERRED OUT	Fresh Sample. Request form is required to be filled completely.	14 calender days	Date and time of sample collection should be written in the form.
HEAVY METAL EXPOSURE - CADMIUM (BLOOD) S					
HEAVY METAL EXPOSURE - CHROMIUM (BLOOD) S					
HEAVY METAL EXPOSURE - COPPER (BLOOD) S					
HEAVY METAL EXPOSURE - LEAD (BLOOD) S					
HEAVY METAL EXPOSURE - MERCURY (BLOOD) S					
HEAVY METAL EXPOSURE - ZINC (BLOOD) S					
HEAVY METAL EXPOSURE - ARSENIC (URINE) S	 <p>x1 20ml urine sample in sterile urine container (<i>if any of these test is individually requested: otherwise to combine the same urine bottle as with other Heavy metal exposure tests</i>) Maximum of 2 referrals tests per tube</p>				
HEAVY METAL EXPOSURE - CADMIUM (URINE) S					
HEAVY METAL EXPOSURE - CHROMIUM (URINE) S					
HEAVY METAL EXPOSURE - COPPER (URINE) S					
HEAVY METAL EXPOSURE - LEAD (URINE) S					
HEAVY METAL EXPOSURE - MERCURY (URINE) S					
HEAVY METAL EXPOSURE - SPMA BENZENE (URINE) S					
HEAVY METAL EXPOSURE - ZINC (URINE) S					

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST









REFERRAL TEST

Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark	
HELICOBACTER STOOL ANTIGEN TEST S	 Stool sample in Sterile stool container	REFERRED OUT	Fresh sample	28 calendar days	Stating the time of collection in the request form	
HEPATITIS A VIRUS IgG/ IgM S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested: otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)			14 calendar days		
HEPATITIS B CORE, TOTAL ANTIBODY S						
HEP B DNA (Quantitative Assay by PCR), <i>previously known as HBV Viral Load</i> S	 x1 Full K2 EDTA tube (Purple/Lilac cap)			Separate plasma and freeze immediately		
HEP C RNA (Quantitative PCR) S	 x1 Full K2 EDTA tube (Purple/Lilac cap)			Separate plasma and freeze immediately		
HEPATITIS E IgG/IgM S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested: otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)			28 calendar days		
HERPES SIMPLEX (Type 1 and 2) IgG/ IgM S						
HERPES SIMPLEX VIRUS PCR (Dryswab) S	 Swabbing of the Iseion using DRY SWAB			Fresh sample		
HERPES SIMPLEX VIRUS PCR (Blood) S	 x1 Full K2 EDTA tube (Purple/Lilac cap)				Stable for 7 days refrigerated	
<i>Genomics:</i> HFE GENE MUTATION - HAEMOCHROMATOSIS S	 x1 Full K2 EDTA tube (Purple/Lilac cap)				14 calendar days	Stable for 7 days refrigerated
HIV WESTERN BLOT (CONFIRMATORY) S	 x1 Full SST Gel Activator tube (Yellow cap) with gel				Fresh sample - single request with full patient details	Sent the primary tube; i.e. no serum separation required
HLA B27 SCREENING (CDC) S	 x1 Full 10ml ACD tube (Lemon yellow cap) with gel				Fresh sample. Sample collection every MONDAY (for Tuesday shipment) & WEDNESDAY (for Thursday shipment) ONLY.	
HLA B27 TYPING PCR S	 x2 Full K2 EDTA tube (Purple/Lilac cap)					
HLA DQB TYPING (Sequence Based Typing) S	 x1 Full 10ml ACD tube (Lemon yellow cap) with gel					

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST













REFERRAL TEST

Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark		
HOMOCYSTEINE S	 x1 Full SST Gel Activator tube (Yellow cap) with gel	REFERRED OUT	Fasting sample. Separate serum and freeze if not sending, same day as collection	14 calendar days			
HISTOLOGY	 Sample in sterile container containing 10% buffered formalin		Accompanied with appropriate and relevant clinical data. Stating the time				
HISTONE AUTO ANTIBODIES S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)				Refrigerated		
IMMUNOGLOBULINS (IgG, IgA & IgM)							
IMMUNOGLOBULIN IgA (Individual)							
IMMUNOGLOBULIN IgG (Individual)							
IMMUNOGLOBULIN IgM (Individual)							
INSULIN LEVEL (Including Fasting Glucose) S	 x1 Full SST Gel Activator tube (Yellow cap) with gel AND x1 Full Sodium Fluoride tube (Grey cap) for Fasting glucose				Fresh Sample		
INSULIN ANTIBODY S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)					Refrigerated	
INTRINSIC FACTOR ANTIBODY S					Stable for 2 weeks refrigerated		
ISLET CELL ANTIBODIES S							
JAPANESE ENCEPHALITIS IgG/ IgM S						Refrigerated	
LACTATE PLASMA S	 x1 Full Sodium Fluoride tube (Grey cap)				Fresh sample. Sample collection every MONDAY (for Tuesday shipment) & WEDNESDAY (for Thursday shipment) ONLY .		Stable for 14 days
LEGIONELLA ANTIGEN (URINE) S	 x1 20ml urine sample in sterile urine container						Refrigerated
LEGIONELLA ANTIBODIES (Total Ab) S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)						
LIPASE S					Fresh sample		
LITHIUM S							Sample Time: 12 hours post dose. State time and date of last dose and sample collection. Stable for 7 days refrigerated

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST

REFERRAL TEST





Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark	
LIVER ANTIBODIES PROFILE (M2, LKM-1, LC-1, SLA, LP)	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)	REFERRED OUT		14 calendar days	Stable for 14 days refrigerated	
LKM AUTOANTIBODIES (Liver, Kidney, Muscle) S					Stable for 2 days refrigerated	
LIPOPROTEIN A S					Component Test: ANA, dsDNA, C3 & C4, RAF	
LUPUS SEROLOGY PROFILE S			Double spin Frozen plasma	28 calendar days	Seperate plasma APTT - KCT & Drwt	
LUPUS ANTICOAGULANT FACTOR S	 x2 Full Sodium Citrate (Blue capped)		Fresh sample	14 calendar days	Do not use tourniquet	
MAGNESIUM RED CELL S	 x1 Full K2 EDTA (Royal blue)		Fresh sample. Sent to Virology Laboratory, Sumbiling via SSBH.	28 calendar days	Need to make an arrangement with SSBH, Patient's BRUHIM registration and require to fill up the Virology request form	
MEASLES IgG	 x1 Full SST Gel Activator tube (Yellow cap) with gel					
MEASLES IgM			Fresh sample	14 calendar days	Stable for 48 days refrigerated	
METHYL MALONIC ACID (EDTA PLASMA) S	 x2 Full K2 EDTA tube (Purple/Lilac cap)					
METHYL MALONIC ACID (SERUM) S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)					
METHYL MALONIC ACID (URINE) S	 x1 20ml urine sample in sterile urine container					
MICROFILARIA ANTIBODIES S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)					
MICROFILARIA SCREENING (BLOOD FILM) S	 x1 Full K2 EDTA tube (Purple/Lilac cap)					
MUMPS IgG/ IgM S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)	28 calendar days				
MYCOPLASMA PNEUMONIA TOTAL ANTIBODY S						
MYELOPEROXIDASE ANTIBODIES S						
MYOGLOBIN (BLOOD) S		14 calendar days				
NEUTROPHIL ALKALINE PHOSPHATASE (NAP) S	 x1 Full Lithium Heparin tube (Light Green cap) with gel					
ORGANIC ACID (URINE) S	 x1 20ml urine sample in sterile urine container		Refrigerated			

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST

REFERRAL TEST








REFERRAL TEST

Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark		
OSMOLITY (SERUM) S	 x1 Full SST Gel Activator tube (Yellow cap) with gel	REFERRED OUT	Fresh sample	14 calendar days			
OSMOLITY (URINE) S	 x1 20ml urine sample in sterile urine container						
PARATHYROID HORMONE INTACT, PT S	 x1 Full K2 EDTA tube (Purple/Lilac cap)			28 calendar days			
PARIETAL CELL ANTIBODY S	 x1 Full SST Gel Activator tube (Yellow cap) with gel			14 calendar days			
PARVOVIRUS B19 SEROLOGY S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)			14 calendar days			
PHENYTOIN (DILANTIN) S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)			28 calendar days			
PROTEIN C S	 x1 Full Sodium Citrate (Blue capped)		Seperate and freeze plasma				
PROTEIN S S	 x1 Full Sodium Citrate (Blue capped)		Seperate and freeze plasma				
Q FEVER (Coxiella) IgG/ IgM S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)		REFERRED OUT	Fresh sample	14 calendar days		
RABIES ANTIBODIES S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)						
RENIN (ACTIVE) S	 x2 Full K2 EDTA tube (Purple/Lilac cap)						
RETICULIN ANTIBODIES S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)						
RETICULOCYTES S	 x1 Full K2 EDTA tube (Purple/Lilac cap)						
ROSS RIVER ANTIBODIES S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)					28 calendar days	
SELENIUM S	 x1 Full K2 EDTA (Royal blue)					14 calendar days	
SEX HORMONE BINDING GLOBULIN S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)						

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST

REFERRAL TEST






Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark						
SICKLE TEST S	 x1 Full K2 EDTA tube (Purple/Lilac cap)	REFERRED OUT	Fresh sample. Sample collection every MONDAY (for Tuesday shipment) & WEDNESDAY (for Thursday shipment) ONLY.	14 calendar days	Stable for 48 hours refrigerated						
STRONGYLOIDES ANTIBODY S			Fresh sample								
TESTOSTERONE (FREE) S											
<i>Thalassaemia Check:</i> ALPHA GENOTYPING S			REFERRED OUT		Fresh sample	14 calendar days					
<i>Thalassaemia Check:</i> BETA GENOTYPING S											
THALASSAEMIA SCREEN/ STUDIES S							Component Test: FBC, Film comment, Hb Analysis, Iron, Transferrin, TIBC, % Saturation, Ferritin, Comments & Interpretation				
THROMBOPHILIA SCREEN S							Double spin, Separate the plasma and freeze	Component Test: Anti Thrombin III, Protein C and Protein S			
THYROGLOBULIN ANTIBODY S							Fresh sample	Stable for 4 days refrigerated			
THYROID REVERSE T3 S							Fresh sample. Sample collection every MONDAY (for Tuesday shipment) & WEDNESDAY (for Thursday shipment) ONLY.				
THYROID STIMULATING IMMUNOGLOBULIN S							Fresh sample				
TISSUE TRANSGLUTAMINASE ANTIBODIES (IgA & IgG) S							REFERRED OUT	Fresh sample. Sample collection every MONDAY (for Tuesday shipment) & WEDNESDAY (for Thursday shipment) ONLY.	28 calendar days	Stable for 7 days refrigerated	
TISSUE TRANSGLUTAMINASE ANTIBODY IgA S											
TISSUE TRANSGLUTAMINASE ANTIBODY IgG S											

Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST

REFERRAL TEST

REFERRAL TEST

Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark
TORCH SCREEN IgG S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)	REFERRED OUT	Fresh sample	14 calendar days	Component Test: Toxoplasma IgG, Rubella IgG, CMV IgG, Herpes Simplex 1 & 2 IgG
TORCH SCREEN IgM S					Component Test: Toxoplasma IgM, Rubella IgM, CMV IgM, Herpes Simplex 1 & 2 IgM
TOXOPLASMA IgG S			Fresh sample. Sample collection every MONDAY (for Tuesday shipment) & WEDNESDAY (for Thursday shipment) ONLY .		
TOXOPLASMA IgM S					
TRYPTASE S			Fresh sample		
TSH RECEPTOR ANTIBODY -TRAb S			Fresh sample. Sample collection every MONDAY (for Tuesday shipment) & WEDNESDAY (for Thursday shipment) ONLY .		Stable for 2 weeks
VANILLYL MANDELIC ACID (VMA) 24HRS UINE S	 x1 WHOLE URINE COLLECTION within the 24 hour in 5L Urine Container with 20ml 6N HCL			28 calendar days	
VARICELLA ZOSTER VIRUS IgG	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap) - <i>if any of these test is individually requested; otherwise to combine the same tube with other serum-required tests</i> (Maximum of 2 referrals tests per tube)	REFERRED OUT	Fresh sample	14 calendar days	
VARICELLA ZOSTER VIRUS IgM					
VITAMIN A (Retinol) S	 x1 Full Lithium Heparin tube (Light Green cap) with gel	REFERRED OUT	Fasting overnight for 12- 14 hours. Frozen plasma. Wrap in foil to protect from light	14 calendar days	
VITAMIN B1 (Thiamine) S			Freeze wrap in foil to protect from light		
VITAMIN B2 (Riboflavin) S	 x1 Full K2 EDTA tube (Purple/Lilac cap)	REFERRED OUT	Separate plasma wrap in foil to protect from light and freeze immediately	14 calendar days	
VITAMIN B12 (Cobalamin) S			Frozen sample		Stable for 48 hours if refrigerated





Reference range for each test as stated in the laboratory reports.

S - SPECIALISED TEST

REFERRAL TEST

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Test	Type of specimen	Tested in the lab	Sample Requirement	Result turn around time	Remark
VITAMIN B6 (Pyridoxine) ^S	 x1 Full Lithium Heparin tube (Light Green cap) with gel	REFERRED OUT	Separate plasma wrap in foil to protect from light and freeze immediately	14 calendar days	
VITAMIN C Ascorbic acid) ^S					
VITAMIN D (1,25 DIHYDROXY) ^S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)		Fresh sample. Sample collection every MONDAY (for Tuesday shipment) & WEDNESDAY (for Thursday shipment) ONLY .		Stable for 7 days
VITAMIN D (25OH VITAMIN D2, D3 & TOTAL) ^S			Fasting overnight for 12 - 14 hours		Refrigerated
VITAMIN K1 ^S			Fresh sample		
<i>Coagulation:</i> VON WILLEBRANDS FACTOR ^S	 x2 Full Sodium Citrate (Blue capped)		Frozen plasma		
WEIL FELIX (RICKETTSIA AB - Proteus) ^S	 x1 Full SST Gel Activator tube (Yellow cap) with gel or Plain tube (Red cap)		Fresh sample		
WIDAL TEST (THYPOID ANTIBODY - Proteus) ^S					
WIDAL/ WEIL-FELIX TEST ^S					

Reference range for each test as stated in the laboratory reports.

NOTE:

The list above for the referral test was not limited to.

Sample requirement and TAT are subject to change without any notice. This may due to the requirement of the laboratory to change the method of testing or the test was dispatched to alternative laboratory which has different methods of testing.



IFM/514 Clinical Laboratory
Laboratory Test Catalogue

PANAGA HEALTH, CLINICAL LABORATORY TEST REQUEST FORM



PANAGA HEALTH
CLINICAL LABORATORY
Jalan Utara, Seria, KB2933, Negara Brunei Darussalam
TEL.: +673 3372648 / 3373558

CL-FO-ADMIN-CLRF-230915-V1

LAB USE:
Received by: _____
Date Received: _____
Time Received: _____

NAME: _____
DATE OF BIRTH: _____
GENDER: Male / Female
IC No.: _____
SERVICE NUMBER / PATIENT ID: _____
CONTACT DETAILS: _____

Location: _____
Request Date: _____

CLINICAL HISTORY / MEDICATION:

HAEMATOLOGY URGENT ROUTINE

Single Test:	<input type="checkbox"/> Haemoglobin (Hb)	<input type="checkbox"/> Erythrocyte sedimentation rate	Panel Test:	<input type="checkbox"/> Differential White Blood cell
	<input type="checkbox"/> Platelets	<input type="checkbox"/> Sickle Cells Screening		<input type="checkbox"/> Full Blood Count
	<input type="checkbox"/> Peripheral Blood Film	<input type="checkbox"/> Malaria (Rapid Test)		

COAGULATION STUDIES URGENT ROUTINE

<input type="checkbox"/> Bleeding Time	<input type="checkbox"/> Prothrombin Time	<input type="checkbox"/> APTT	<input type="checkbox"/> FDP
<input type="checkbox"/> Clotting Time	<input type="checkbox"/> Prothrombin Time (Warfarin)	<input type="checkbox"/> Fibrinogen	<input type="checkbox"/> D-Dimer

URINALYSIS URGENT ROUTINE

<input type="checkbox"/> Urine Routine (Labstix)	<input type="checkbox"/> Albumin : Creatinine Ratio	<input type="checkbox"/> Protein : Creatinine Ratio
<input type="checkbox"/> Urine Microscopy (FEME)	<input type="checkbox"/> Microalbumin Spot	<input type="checkbox"/> Total Protein (24H)
<input type="checkbox"/> Urine Pregnancy Test (Rapid Test)		<input type="checkbox"/> Creatinine Clearance (24H)

ROUTINE BIOCHEMISTRY URGENT ROUTINE

Single Test:	<input type="checkbox"/> Glucose, Fasting	<input type="checkbox"/> Albumin	<input type="checkbox"/> Bicarbonate	<input type="checkbox"/> LDH	<input type="checkbox"/> Iron
	<input type="checkbox"/> Glucose, Random	<input type="checkbox"/> ALKP	<input type="checkbox"/> Chloride	<input type="checkbox"/> CK	<input type="checkbox"/> UIBC
	<input type="checkbox"/> 2 Hr Postprandial Glucose	<input type="checkbox"/> ALT	<input type="checkbox"/> Creatinine	<input type="checkbox"/> CKMB	<input type="checkbox"/> TIBC
	<input type="checkbox"/> Glucose Tolerance Test	<input type="checkbox"/> AST	<input type="checkbox"/> Potassium	<input type="checkbox"/> Troponin I (Rapid Test)	
	<input type="checkbox"/> HDL	<input type="checkbox"/> Direct Bilirubin	<input type="checkbox"/> Sodium		<input type="checkbox"/> Amylase
	<input type="checkbox"/> Triglycerides	<input type="checkbox"/> GGT	<input type="checkbox"/> Urea	<input type="checkbox"/> Magnesium	<input type="checkbox"/> CRP
	<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Total Bilirubin		<input type="checkbox"/> Phosphate	<input type="checkbox"/> Uric Acid
	<input type="checkbox"/> HbA1c	<input type="checkbox"/> Total Protein		<input type="checkbox"/> Calcium	
Panel Test:	<input type="checkbox"/> Glucose + Lipids (F)	<input type="checkbox"/> LFT	<input type="checkbox"/> RFT	<input type="checkbox"/> Cardiac Enzymes	<input type="checkbox"/> Iron Studies
	<input type="checkbox"/> Glucose + Lipids (R)			<input type="checkbox"/> Bone Profile	
	<input type="checkbox"/> Lipids				

IMMUNOASSAY URGENT ROUTINE

Single Test:	<input type="checkbox"/> HBSAg	<input type="checkbox"/> HIV Screen	<input type="checkbox"/> Estradiol	<input type="checkbox"/> AFP	<input type="checkbox"/> Free T3
	<input type="checkbox"/> Anti HBs	<input type="checkbox"/> Rubella	<input type="checkbox"/> FSH	<input type="checkbox"/> CEA	<input type="checkbox"/> Free T4
	<input type="checkbox"/> HCV	<input type="checkbox"/> Syphilis TPHA	<input type="checkbox"/> LH	<input type="checkbox"/> CA125	<input type="checkbox"/> TSH
	<input type="checkbox"/> HBeAg		<input type="checkbox"/> Progesterone	<input type="checkbox"/> CA15.3	
		<input type="checkbox"/> Ferritin	<input type="checkbox"/> Prolactin	<input type="checkbox"/> CA19.9	<input type="checkbox"/> Save Serum
		<input type="checkbox"/> BHCG	<input type="checkbox"/> Testosterone	<input type="checkbox"/> Total PSA	
Panel Test:	<input type="checkbox"/> Hepatitis Screening	<input type="checkbox"/> Sex Hormones	<input type="checkbox"/> Female Tumor Markers	<input type="checkbox"/> Male Tumor Markers	<input type="checkbox"/> TFT
	<input type="checkbox"/> First Antenatal Serology Screening (Blood Grouping, RHIM, Ferritin, HIV, HBsAg, Anti HBs, Rubella and VDRL)				

BLOOD GROUPING & SEROLOGY URGENT ROUTINE

<input type="checkbox"/> ABO Blood grouping	<input type="checkbox"/> VDRL	<input type="checkbox"/> Monotest	<input type="checkbox"/> ASOT
<input type="checkbox"/> Rh Antibodies	<input type="checkbox"/> Dengue Duo (Rapid Test)	<input type="checkbox"/> RA (Latex)	<input type="checkbox"/> Helico. Pylori (Rapid Test)

MICROBIOLOGY URGENT ROUTINE

M - MICROSCOPY CS - CULTURE & SENSITIVITY	<input type="checkbox"/> Urine M & CS	<input type="checkbox"/> Urethra M & CS	<input type="checkbox"/> Throat M & CS	<input type="checkbox"/> Skin M & CS (Site:)
	<input type="checkbox"/> Stool M	<input type="checkbox"/> Penile M & CS	<input type="checkbox"/> Eye M & CS (Site:)	<input type="checkbox"/> Wound M & CS (Site:)
	<input type="checkbox"/> Stool CS	<input type="checkbox"/> GC M & CS	<input type="checkbox"/> Ear M & CS (Site:)	<input type="checkbox"/> Others: _____
	<input type="checkbox"/> HVS M & CS	<input type="checkbox"/> Sputum M & CS	<input type="checkbox"/> Nose M & CS (Site:)	<input type="checkbox"/> Acid Fast Bacilli
KOH MICROSCOPY & CULTURE	<input type="checkbox"/> Nail Clipping Site: _____	<input type="checkbox"/> Skin Scraping Site: _____	<input type="checkbox"/> Hair Follicle	

PARASITOLOGY, SEMEN ANALYSIS, CYTOLOGY & HISTOLOGY URGENT ROUTINE

<input type="checkbox"/> Faecal Occult Blood (FOB)	<input type="checkbox"/> Semen Analysis	<input type="checkbox"/> Pap Smear (Sure Path)
<input type="checkbox"/> Adenovirus & Rotavirus Duo	<input type="checkbox"/> Post Vasectomy	<input type="checkbox"/> HPV DNA
<input type="checkbox"/> Chlamydia EIA	Time: _____ & Date: _____	<input type="checkbox"/> Histology (Site: _____)

ADDITIONAL TEST:

Sample Collection Date: _____ Time: _____

<input type="checkbox"/> Collected by: _____	Sample Type:	<input type="checkbox"/> Blood	<input type="checkbox"/> Swab
		<input type="checkbox"/> Urine	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Collected in PH Lab		<input type="checkbox"/> Stool	