

REQUEST FOR LABORATORY SERVICES AT SINGHEALTH POLYCLINICS

Operating Hours:
Mon – Fri: 7.30am – 1.00pm
and 2.00pm – 4.00pm
Sat: 7.30am – 12.00pm

SingHealth Polyclinics – Bedok
11 Bedok North Street 1, #03-01 Heartbeat@Bedok Singapore 469662

SingHealth Polyclinics – Bukit Merah
Blk 163 Bukit Merah Central #04-3565 Singapore 150163

SingHealth Polyclinics – Eunos
1 Chin Cheng Ave Singapore 429400

SingHealth Polyclinics – Marine Parade
Blk 80 Marine Parade Central #01-792 Singapore 440080

SingHealth Polyclinics – Outram
3 Second Hospital Avenue, #04-03, Health Promotion Board Bldg, Singapore 168937

SingHealth Polyclinics – Pasir Ris
1 Pasir Ris Drive 4 #01-11 Singapore 519457

SingHealth Polyclinics – Punggol
681 Punggol Drive #02-01 Singapore 820681

SingHealth Polyclinics – Sengkang
2 Sengkang Square Sengkang Community Hub #01-06 Singapore 545025

SingHealth Polyclinics – Tampines
1 Tampines Street 41 Singapore 529203

SingHealth Polyclinics – Tampines North
35 Tampines Street 61 Singapore 528566

Patient's Name : _____

NRIC/FIN/PP/REG # : _____

D.O.B and Age : _____ Gender : _____ M / F

Nationality : _____ Race : _____

Mobile Number (Patient) : _____ Mobile Number (Next-of-kin) : _____

Date of Request : _____

Date/Time of Specimen Collection : _____ AM/PM Fasting Specimen _____ Yes / No

Requesting Physician's Name, MCR#, Signature and Contact Number : _____

The contact number provided should be contactable (including after business hours) to enable our laboratory to inform the requesting physician or an assigned staff member of any test results that are in critical range.

Clinic Name, Address, Telephone Number and Fax Number : _____

Brief Clinical History : _____

*** Please tick (✓) the required test:**

<input type="checkbox"/> Stool Occult Blood	<input type="checkbox"/> HBsAg	<input type="checkbox"/> Lipid Panel (CHO/HDL/TG/LDLc), serum
<input type="checkbox"/> Stool Ova & Parasites	<input type="checkbox"/> Anti-HBs	<input type="checkbox"/> Renal Panel (Ur/K/Na/Cl/Glu/Cre), serum
<input type="checkbox"/> Stool Culture	<input type="checkbox"/> Anti-HAV IgG	<input type="checkbox"/> Liver Panel (TP/ALB/TBIL/ALP/ALT/AST/GGT), serum
<input type="checkbox"/> Urine Culture	<input type="checkbox"/> Rubella IgG Ab	<input type="checkbox"/> Thyroid Panel (FT4/TSH), serum
<input type="checkbox"/> ABO RH	<input type="checkbox"/> Dengue NS1 Ag	
<input type="checkbox"/> APTT/PT	<input type="checkbox"/> HIV Screen	
<input type="checkbox"/> PT/INR	<input type="checkbox"/> Hepatitis B Screen (HBsAg, anti-HBs or Anti-HBc IgM)	
<input type="checkbox"/> Full Blood Count		<input type="checkbox"/> Others (please specify): _____
<input type="checkbox"/> Blood Film Report	<input type="checkbox"/> AFP, serum	_____
<input type="checkbox"/> Malarial Parasite, blood film	<input type="checkbox"/> CEA, serum	_____
<input type="checkbox"/> Dipstick and Microscopic Exam, urine	<input type="checkbox"/> Glucose, capillary	_____
	<input type="checkbox"/> HBa1c, blood	_____
	<input type="checkbox"/> Uric Acid, serum	_____
	<input type="checkbox"/> Bilirubin, paediatric, serum	_____
	<input type="checkbox"/> hCG (Qualitative), urine	_____

Remarks

Conditions for Laboratory Test Services:

- 1 Laboratory Test Requests must be signed by the requesting physician and state:
 - a) the requesting physician's name, MCR # and contact number; and
 - b) the clinic's name, address, telephone number and fax number.

- 2 The requesting physician's contact number should enable our laboratory to contact the requesting physician or the assigned staff member even after business hours in the event that the laboratory test result is within the critical range.

- 3 The requesting physician or assigned staff member needs to be readily contactable to ensure that timely medical advice is provided to the patient. It shall not be the Laboratory's responsibility to liaise, on behalf of the requesting physician, with the patient for notification of and advice on the laboratory test results or clinical management.

- 4 We reserve the right to decline performing the tests in the absence of any information that we require as indicated in the "Request for Laboratory Services" form.

- 5 The requesting physician and the clinic shall hold harmless and indemnify Singapore Health Services Pte Ltd t/a SingHealth Polyclinics and its subcontractors and their respective agents, authorized representatives, directors and personnel against any claims arising from or in connection with inaccessibility of the requesting physician or any authorized staff to receive the test result(s) or failure by any of them to provide timely notification of the laboratory test result(s) and medical advice to the patient.