REQUEST FOR LABORATORY SERVICES AT SINGHEALTH POLYCLINICS

Polyclinics SingHealth

Laboratory services are available at all SingHealth Polyclinics.

- ☐ SingHealth Polyclinics - Bedok
  11 BEDOK NORTH ST 1
  # 02-01/#03-01 HEARTBEAT @ BEDOK
  SINGAPORE 469662
- ☐ SingHealth Polyclinics - Bukit Merah
  BLK 163 BUKIT MERAH CENTRAL
  # 04-3565/3575
  SINGAPORE 150163
- ☐ SingHealth Polyclinics - Eunos
  1 CHIN CHENG AVE
  SINGAPORE 429400
- ☐ SingHealth Polyclinics – Marine Parade
  80 MARINE PARADE CENTRAL
  # 01-792, #02-101/103
  SINGAPORE 044080
- ☐ SingHealth Polyclinics - Outram
  BLK 3 SECOND HOSPITAL AVENUE
  # 00-00
  LEVEL 2 HEALTH PROMOTION BOARD BUILDING
  SINGAPORE 168937
- ☐ SingHealth Polyclinics - Pasir Ris
  1 PASIR RIS DRIVE 4 # 01-11
  SINGAPORE 519457
- ☐ SingHealth Polyclinics – Punggol
  681 PUNGGOL DRIVE
  # 02 -01 OASIS TERRACES
  SINGAPORE 820681
- ☐ SingHealth Polyclinics - Sengkang
  2 SENGKANG SQUARE # 01-06
  SENGKANG COMMUNITY HUB
  SINGAPORE 545025
- ☐ SingHealth Polyclinics - Tampines
  1 TAMPINES STREET 41
  TAMPINES POLYCLINIC
  SINGAPORE 529203

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 & Fax Number : ____________________

Brief Clinical History : ____________________

*** Please tick the required test:**

- ☐ Stool Occult Blood
- ☐ Stool Ova & Parasites
- ☐ Stool Culture
- ☐ Urine Culture

- ☐ HBsAg
- ☐ Anti-HBs
- ☐ Anti-HAV IgG
- ☐ Rubella IgG Ab
- ☐ Dengue NS1 Ag
- ☐ HIV Screen
- ☐ Hepatitis B Screen (HBsAg, anti-HBs or Anti-HBc IgM)

- ☐ ABO RH
- ☐ APTT/PT
- ☐ PT/INR
- ☐ Full Blood Count
- ☐ Blood Film Report
- ☐ Malarial Parasite, blood film
- ☐ Dipstick and Microscopic Exam, urine

- ☐ AFP, serum
- ☐ CEA, serum
- ☐ Glucose, capillary
- ☐ HBa1c, blood
- ☐ Uric Acid, serum
- ☐ Bilirubin, paediatric, serum
- ☐ hCG (Qualitative), urine
- ☐ Lipid Panel (CHO/HDL/TG/LDLc), serum
- ☐ Renal Panel (Ur/K/Na/Cl/Glu/Cre), serum
- ☐ Liver Panel (TP/ALB/TBIL/ALP/ALT/AST/GGT), serum
- ☐ Thyroid Panel (FT4/TSH), serum

☐ Others: ____________________

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.