

# Parkway Laboratory Services Ltd

COMPANY REG. NO. 198302251E

## Laboratory Request Form



\*Doctor / Clinic \_\_\_\_\_

\*Patient Name: \_\_\_\_\_

\*Order Date \_\_\_\_\_ Signature \_\_\_\_\_

\*NRIC/Passport No. \_\_\_\_\_ Clinic Ref. No \_\_\_\_\_

\*Gender: M / F \*Date of Birth \_\_\_\_\_ \*Nationality: \_\_\_\_\_

(Clinic Emergency Contact No: \_\_\_\_\_)

Address \_\_\_\_\_

(Patient Emergency Contact No: \_\_\_\_\_) \* denotes mandatory field

**STAT** (within 2hrs) (State Appointment Time: \_\_\_\_\_)

**URGENT** (within 4hrs) (State Appointment Time: \_\_\_\_\_)

For urgent results- Tel No: \_\_\_\_\_ or Fax No: \_\_\_\_\_

**ROUTINE** (within 8hrs or next day)

**Payment:** (Please tick)

Patient to Pay  Bill clinic (Note: If no tick, laboratory will bill Clinic)

Bill AVIVA  Bill SI  Bill PS  Cigna  Bill SIPL

Others \_\_\_\_\_ Card/ID/Policy No: \_\_\_\_\_

**HIV SCREENING** (5ml Plain Blood): Required: **\*NATIONALITY** (pls fill up data above) & **\*PURPOSE:** \_\_\_\_\_ (or tick any of the following which is applicable)

Please provide the following information (✓):  Singapore PR  Work Permit Holder  Student Pass Holder  Long Term Social Visit Pass Holder

Applying for (delete accordingly): Work Permit/ Long Term Social Visit Pass / Student Pass / PR

Specimen Type	Qty:	Tests Required / Test Codes	Clinical Notes
<input type="checkbox"/> Blood _____			
<input type="checkbox"/> Urine _____			
<input type="checkbox"/> Stool _____			
<input type="checkbox"/> Swab _____			
<input type="checkbox"/> Others _____			
<input type="checkbox"/> Collection Date & Time _____			
<b>Phlebotomist use only</b>			<b>Strictly for Laboratory use only</b>
<input type="checkbox"/> High fall risk <input type="checkbox"/> Low fall risk			
<input type="checkbox"/> Fasting <input type="checkbox"/> Non -fasting			
<input type="checkbox"/> 28 Ayer Rajah Crescent, #03-08, S139959 tel 65 6278 9188 fax 65 6248 5878 <input type="checkbox"/> Gleneagles Hospital, 6A Napier Road, S258500 tel 65 6470 3383 fax 65 6471 3394 <input type="checkbox"/> Mt. Elizabeth Hospital, 3 Mt. Elizabeth, S228510 tel 65 6235 5122 fax 65 6731 2284 / 6887 3938 <input type="checkbox"/> Parkway East Hospital, 321 Joo Chiat Place, S427990 tel 65 6340 8692 fax 65 6345 5053 <input type="checkbox"/> Mt. Elizabeth Novena Hospital, 38 Irrawaddy Road, S329563 tel 65 6933 1282 fax 65 6933 0538 <input type="checkbox"/> Mt. Elizabeth Novena Hospital, 38 Irrawaddy Road #08-29 to 32 MOB Block, S329563 tel 65 6933 0801 fax 65 6334 2387 <input type="checkbox"/> Novena Medical Center, 10 Sinaran Drive #08-01, S307506 tel 65 6397 6930 fax 65 6397 6934			
<b>For Laboratory cashier use only</b> <div style="border: 1px dashed black; padding: 5px; text-align: center;">Please stamp PAID here</div>			