

LAB BARCODE



LABLINK
MEDICAL LABORATORY

LABLINK MEDICAL LABORATORY
14 (129) Jalan Pahang Barat
Off Jalan Pahang
53000 Kuala Lumpur, Malaysia
Tel. : +603 40234588
Fax.: +603 40234298
Web: www.kpjlablink.com

INTEGRATED DIAGNOSTICS LABORATORY REQUEST FORM

Patient's Name

IC/Passport No.

Clinic/Hospital Reference No.

Date of Birth (dd/mm/yy)

____/____/____

Age

Gender

M F

Race

Malay Chinese Indian Other _____

Specimen Collection Date (dd/mm/yy)

____/____/____

Time of Collection (hh/mm)

____/____ AM / PM

Fasting (at less 8 hours prior)

YES NO

Requesting Doctor's Name, Signature and Address

STAMP HERE

Doctor's Signature: _____

URGENT: PHONE _____

FAX _____

EMAIL _____

RELEVANT CLINICAL INFORMATION *Please include drug therapy if any

TEST REQUEST *Please check (✓) the test(s) required

PROFILE	
TEST NAME	LIS CODE
<input checked="" type="checkbox"/> Anaemia Biochemical Profile	<input type="checkbox"/> GP2
<input type="checkbox"/> Antenatal Profile	<input type="checkbox"/> GP4E
<input type="checkbox"/> Arthritis Profile	<input type="checkbox"/> GP12
<input type="checkbox"/> Dialysis Profile	<input type="checkbox"/> GP40C
<input type="checkbox"/> Executive Profile	<input type="checkbox"/> GP61M
<input type="checkbox"/> Febrile Studies	<input type="checkbox"/> GP26
<input type="checkbox"/> Female Cancer Marker	<input type="checkbox"/> GP71A
<input type="checkbox"/> Full Blood Count	<input type="checkbox"/> GP1C
<input type="checkbox"/> Full Blood Picture	<input type="checkbox"/> GP1
<input type="checkbox"/> Hepatitis B Screening	<input type="checkbox"/> GP31
<input type="checkbox"/> Infertility Studies	<input type="checkbox"/> GP35
<input type="checkbox"/> Iron Studies	<input type="checkbox"/> GP2D
<input type="checkbox"/> Lipid Profile	<input type="checkbox"/> GP24
<input type="checkbox"/> Liver Function Test	<input type="checkbox"/> GP36A
<input type="checkbox"/> Male Cancer Marker	<input type="checkbox"/> GP71Q
<input type="checkbox"/> Menopausal Hormone Studies	<input type="checkbox"/> GP62
<input type="checkbox"/> Renal Profile	<input type="checkbox"/> GP40A
<input type="checkbox"/> Thalassemia Studies	<input type="checkbox"/> GP43
<input type="checkbox"/> Thyroid Function Studies	<input type="checkbox"/> GP46A
<input type="checkbox"/> Urine FEME	<input type="checkbox"/> uFEME
<input type="checkbox"/> Venereal Disease Antibodies Profile	<input type="checkbox"/> GP51A

HAEMATOLOGY	
TEST NAME	LIS CODE
<input checked="" type="checkbox"/> Blood Group & Rhesus	<input type="checkbox"/> Bgrp
<input type="checkbox"/> Bone Marrow Aspirate	<input type="checkbox"/> BoneMEx
<input type="checkbox"/> G6PD	<input type="checkbox"/> G6PD
<input type="checkbox"/> Malarial Parasite - Antigen	<input type="checkbox"/> MPAg
<input type="checkbox"/> Malarial Parasite - Blood Film	<input type="checkbox"/> BFMP
<input type="checkbox"/> Peripheral Blood Film	<input type="checkbox"/> PBF
<input type="checkbox"/> Peripheral Blood Film - Haematologist Report	<input type="checkbox"/> PBFhm1
<input type="checkbox"/> Reticulocyte	<input type="checkbox"/> Retic

BIOCHEMISTRY	
TEST NAME	LIS CODE
<input checked="" type="checkbox"/> Amylase	<input type="checkbox"/> Amy
<input type="checkbox"/> Bilirubin, Direct	<input type="checkbox"/> Dbili
<input type="checkbox"/> C-Reactive Protein	<input type="checkbox"/> CRP
<input type="checkbox"/> Creatinine Kinase	<input type="checkbox"/> CK
<input type="checkbox"/> Fructosamine	<input type="checkbox"/> Fructo
<input type="checkbox"/> Glucose, Fasting	<input type="checkbox"/> GluF
<input type="checkbox"/> Glucose, Random	<input type="checkbox"/> Glu
<input type="checkbox"/> Glucose Tolerance Test, 2 Point	<input type="checkbox"/> GTT2
<input type="checkbox"/> Glycosylated Hb - A1C	<input type="checkbox"/> HbA1c
<input type="checkbox"/> Lactate Dehydrogenase	<input type="checkbox"/> LDH
<input type="checkbox"/> Parathyroid Hormone	<input type="checkbox"/> PTH

FLUIDS & EXCRETIONS	
TEST NAME	LIS CODE
<input checked="" type="checkbox"/> Urine 24 Hours Protein	<input type="checkbox"/> u24Prot
<input type="checkbox"/> Urine Microalbumin	<input type="checkbox"/> uMalb
<input type="checkbox"/> Urine Pregnancy Test	<input type="checkbox"/> uPT

SEROLOGY / IMMUNOLOGY	
TEST NAME	LIS CODE
<input checked="" type="checkbox"/> Antistreptolysin O Titre	<input type="checkbox"/> ASOT
<input type="checkbox"/> Dengue IgM & IgG Antibody	<input type="checkbox"/> DenAb
<input type="checkbox"/> Dengue NS1 Antigen	<input type="checkbox"/> DenNS1Ag
<input type="checkbox"/> EBV VCA IgA	<input type="checkbox"/> EBVvcaA
<input type="checkbox"/> Free PSA	<input type="checkbox"/> fPSA
<input type="checkbox"/> Helicobacter pylori Antibody	<input type="checkbox"/> HPABqn
<input type="checkbox"/> Hepatitis A Antibody (Total)	<input type="checkbox"/> HAVAB
<input type="checkbox"/> Hepatitis A IgM	<input type="checkbox"/> HAVM
<input type="checkbox"/> Hepatitis C Antibody	<input type="checkbox"/> HCVAB
<input type="checkbox"/> HIV I/II Screen	<input type="checkbox"/> HIV
<input type="checkbox"/> Immunoglobulin E (IgE)	<input type="checkbox"/> IgE
<input type="checkbox"/> T. pallidum Hemagglutination Assay	<input type="checkbox"/> TPHA
<input type="checkbox"/> VDRL / RPR	<input type="checkbox"/> VDRL

CANCER MARKER	
TEST NAME	LIS CODE
<input checked="" type="checkbox"/> Alpha-Fetoprotein	<input type="checkbox"/> AFP
<input type="checkbox"/> Cancer Antigen 125	<input type="checkbox"/> CA125
<input type="checkbox"/> Cancer Antigen 15-3	<input type="checkbox"/> CA153
<input type="checkbox"/> Cancer Antigen 19-9	<input type="checkbox"/> CA199
<input type="checkbox"/> Carcinoembryonic Antigen	<input type="checkbox"/> CEA
<input type="checkbox"/> Prostate-Specific Antigen	<input type="checkbox"/> PSA

ADDITIONAL / OTHER TEST (Please specify)

LEGEND: Citrated Tube EDTA Tube Fluoride Tube Heparin Tube Plain Tube Urine
 Heel Prick Nasal Swab Throat Swab Blood Spot Call Lab



LL-7-001
Version 1
28-02-2018