

Lab use only

innocent



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Referring Doctor's Name, Address & Doctor's Code*

☐ URGENT	☐ Phone	☐ Fax	☐ Cash	☐ Card/Cheque
Phone _____ Fax _____			Amount _____ RM _____	
Copy to			Receipt No.	
Bill to			Collected By	

Profiles	General Screens	TAG-Ons (General Screens ONLY)	
☐ ANS	☐ G2000	☐ CEA	☐ Anti-HCV
☐ DFS	☐ G2000-X	☐ CA 1 (CA125)	☐ HIV 1 & 2
☐ LIP	☐ G2XHEL	☐ CA 5 (CA15.3)	☐ RPR (VDRL)
☐ LGL	☐ GT9	☐ CA 9 (CA19.9)	☐ EBV IgA (VCA)
☐ LFT	☐ M50	☐ PSA	☐ ANF
☐ RFT	☐ MGHB	☐ AFP	☐ hsCRP
☐ TFT	☐ EX1	☐ FT3	☐ Homocysteine
☐ MBG	☐ DAA	☐ FT4	☐ Ferritin
☐ DAA	☐ GT3	☐ H. pylori	☐ HbA1c
		☐ MAX	☐ MX
		☐ HSI	☐ TX
		☐ ESR	☐ ANX

Cytology (Gynae)

☐ Pap smear

☐ SurePath

Note : Please use *Histo & Cytopathology Request Form*

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