INSTITUT PERUBATAN DAN PERGIGIAN TERMAJU (IPPT)
UNIVERSITI SAINS MALAYSIA (USM)
Advanced Diagnostic Laboratory
No Tel : 04-5622700 No Faks : 04-5622357

IMMUNOHAEMATOLOGY REQUEST FORM

Name: Sex: ☐ Male ☐ Female

R/N: Age: years

I/C No:

Ward / Clinic: Hospital:

Date of specimen: Time of specimen:

For laboratory Use Only

Lab No:

Date / Time Received:

DIAGNOSIS

Drugs / Hematinics:

Blood transfusion: YES / NO **Reaction: YES / NO** **Date:**

TEST REQUEST

- ☐ ABO & Rhesus Grouping
- ☐ Antenatal Study
- ☐ Neonatal Study
- ☐ Rhesus Phenotyping
- ☐ Direct Coomb's Test
- ☐ Indirect Coomb's Test
- ☐ Antibody Identification
- ☐ Antigen Phenotyping
- ☐ Isohaemaglutinin Titre
- ☐ Antibody Titre
- ☐ Adsorption / Elution Test
- ☐ Saliva Secretor Status

Others: _____

Signature: Name of Doctor:

Date: Stamp:

(For Laboratory Use Only)