INSTITUT PERUBATAN DAN PERGIGIAN TERMAJU (IPPT)
UNIVERSITI SAINS MALAYSIA (USM)

Advanced Diagnostic Laboratory

CHEMICAL PATHOLOGY REQUEST FORM

Name : Sex : ☐ Male ☐ Female

PID : Age : ☐☐

I/C no. :

Date of specimen : Time of specimen :

Ward/Clinic : Hospital :

Type of Sample :

For Laboratory Use Only
Lab No. :

Diagnosis/Clinical History

Please tick ☑ type of test requested:

Biochemistry Tests

RFT	LFT	LIPID PROFILE	CARDIAC ENZYME	BLOOD SUGAR	OTHER TEST	BODY FLUID	URINE/STOOL
☐ BUSE	☐ TP	☐ TG	☐ CK	☐ RBS	☐ HbA1c	☐ CSF	☐ Sugar
☐ CREAT.	☐ ALB	☐ T/CHOL	☐ LDH	☐ FBS	☐ Magnesium	☐ Pleural	☐ Protein
☐ URIC ACID	☐ AST	☐ HDL	☐ AST	☐ FGTT	☐ Amylase	☐ Synovial	☐ FEME
☐ CAL	☐ ALT	☐ LDL		☐ MGTT	☐ Urine Osmolality	☐ Peritoneal	☐ Urine Pregnancy Test
☐ PHOS.	☐ ALP				☐ Serum Osmolality		☐ Urine drug
	☐ TBILI						☐ Occult Blood
	☐ DBILI						

Immunoassay Tests

TUMOR MARKER	ANAEMIA	CARDIAC MARKER	ENDOCRINE
☐ CEA	☐ B 12	☐ Troponin I	☐ TSH
☐ CA 125	☐ Folate		☐ Free T3
☐ Total PSA	☐ Ferritin		☐ Free T4

Other tests Requested:

For Laboratory Use Only

Name of Doctor: _____

Signature & Stamp :

Date: _____