

# Department of Laboratory Medicine

## Test Add-on Request Form



Note: **The add-on test cannot be processed as URGENT.**  
**If the test is URGENT, please draw a fresh sample with a new order**

Date of request : \_\_\_\_\_  
 Lab Accn no. for test(s) to be add-on: \_\_\_\_\_  
 Date/time of original sample collection: \_\_\_\_\_

### For information, please call

Clinical Chemistry x 24346	Microbiology x 24343	Blood Transfusion Service x 22305
	Haematology x 22323	Molecular Diagnosis Centre x 24384

### Patient demographics / Contact information:

Name of Requesting Doctor\*: \_\_\_\_\_  
 Requesting Doctor's MCR no.\*: \_\_\_\_\_  
 Signature of requesting Doctor\*: \_\_\_\_\_  
 Ward/ Clinic\*: \_\_\_\_\_  
 Contact number: \_\_\_\_\_

Please paste patient's  
sticky label here

\* Denotes mandatory fields. If the required fields are not filled in, the add-on request may be rejected

### Chemistry / Haematology test(s) to add-on:

Please note that only the tests listed in this form are allowed to be added onto the previous sample collected in suitable tube type within the specified time limits. Add-on request is not allowed for previous samples collected in microtainer tubes.

Time Limits	Panel(s)	Individual Test (s)		
<b>2 hours</b>	NA	<input type="checkbox"/> CKMB		
		<input type="checkbox"/> Troponin I		
<b>4 hours</b>		<input type="checkbox"/> APTT	<input type="checkbox"/> D-Dimer	<input type="checkbox"/> Fibrinogen
		<input type="checkbox"/> PTINR	<input type="checkbox"/> TCT	<input type="checkbox"/> Amikacin
		<input type="checkbox"/> C-Reactive Protein	<input type="checkbox"/> Calcium, Adjusted	<input type="checkbox"/> Calcium, Total
<b>8 hours</b>	<input type="checkbox"/> Lipid Panel 2 (fasting sample only)	<input type="checkbox"/> Beta-HCG, Total	<input type="checkbox"/> LH	<input type="checkbox"/> Testosterone
		<input type="checkbox"/> Carbamazepine	<input type="checkbox"/> Phenobarbital	<input type="checkbox"/> Theophylline
		<input type="checkbox"/> Digoxin	<input type="checkbox"/> Phenytoin	<input type="checkbox"/> Valproic Acid
		<input type="checkbox"/> Estradiol	<input type="checkbox"/> Progesterone	<input type="checkbox"/> Vancomycin
		<input type="checkbox"/> FSH	<input type="checkbox"/> Prolactin	
		<input type="checkbox"/> Gentamicin	<input type="checkbox"/> PSA	
		<input type="checkbox"/> Glucose (SST/PST only)		
<b>24 hours</b>	<input type="checkbox"/> Drug Screen, serum	<input type="checkbox"/> Albumin	<input type="checkbox"/> Creatinine	<input type="checkbox"/> Potassium
	<input type="checkbox"/> Liver Panel 1 (excluding Bilirubin)	<input type="checkbox"/> ALP	<input type="checkbox"/> Dengue, Duo	<input type="checkbox"/> Procalcitonin
	<input type="checkbox"/> Renal Panel 1	<input type="checkbox"/> ALT	<input type="checkbox"/> GGT	<input type="checkbox"/> Sodium
	<input type="checkbox"/> Thyroid Screen 1	<input type="checkbox"/> Amylase	<input type="checkbox"/> HbA1c	<input type="checkbox"/> Thyroxine, Free
		<input type="checkbox"/> AST	<input type="checkbox"/> LDH	<input type="checkbox"/> TSH
		<input type="checkbox"/> Barbiturates, serum	<input type="checkbox"/> Lipase	<input type="checkbox"/> Urea
		<input type="checkbox"/> Benzodiazepines, serum	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Uric Acid
		<input type="checkbox"/> Chloride	<input type="checkbox"/> NT-PBNP	
		<input type="checkbox"/> CK	<input type="checkbox"/> Tricyclic Antidepressants, serum	
		<input type="checkbox"/> Cortisol, serum	<input type="checkbox"/> Phosphate	

### Microbiology / Molecular Diagnostic Centre / Blood Transfusion Services test(s) to add-on:

Tests: \_\_\_\_\_  
 \_\_\_\_\_