

Clinical Test Order Form

Clinic and Doctor Info		Patient Name: _____ NRIC/FIN No.: _____ Passport No.: _____ DOB: _____ Sex: _____ Nationality: _____ Email Address: _____ Contact No.: _____ Address: _____ _____			
Date & Time of Order	Doctor's Name and Signature				
Sample Type	QTY	Tests Required / Test Codes			
<input type="checkbox"/> Blood <input type="checkbox"/> Swab (NP) <input type="checkbox"/> Swab (OP) <input type="checkbox"/> Swab (OPMT) <input type="checkbox"/> Cervical Swab <input type="checkbox"/> Sputum <input type="checkbox"/> Respiratory Lavage <input type="checkbox"/> Respiratory Aspirate <input type="checkbox"/> Other: _____ _____	_____ml _____ _____ _____ _____ _____ _____ _____ _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> COVID-19 PCR Test <input type="checkbox"/> AcuSept® Sepsis PCR Test <input type="checkbox"/> HPV PCR Test <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> COVID-19 Neutralisation Antibody <input type="checkbox"/> Unyvero® HPN PCR Test <input type="checkbox"/> Epi proColon® 2.0 CE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </table>		<input type="checkbox"/> COVID-19 PCR Test <input type="checkbox"/> AcuSept® Sepsis PCR Test <input type="checkbox"/> HPV PCR Test <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> COVID-19 Neutralisation Antibody <input type="checkbox"/> Unyvero® HPN PCR Test <input type="checkbox"/> Epi proColon® 2.0 CE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> COVID-19 PCR Test <input type="checkbox"/> AcuSept® Sepsis PCR Test <input type="checkbox"/> HPV PCR Test <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> COVID-19 Neutralisation Antibody <input type="checkbox"/> Unyvero® HPN PCR Test <input type="checkbox"/> Epi proColon® 2.0 CE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
		Payment: <i>(Please tick; if no tick, laboratory will bill clinic)</i> <input type="checkbox"/> Bill clinic <input type="checkbox"/> Bill laboratory (lab name: _____) For COVID-19 Tests: <input type="checkbox"/> COVID1: Government-Paid <input type="checkbox"/> COVID2: Private-Paid (Travel) <input type="checkbox"/> COVID2: Private-Paid (Other) <input type="checkbox"/> Other: _____			
<input type="checkbox"/> EXPRESS SAMPLE		Affix Lab Barcode Labels Here			
COVID-19 Sample Swabber Name:					