Clinical Test Order Form

Acumen Diagnostics Pte Ltd.
UEN: 202011228E / HCI Code: 20I0257
41 Science Park Road, #01-01/02 The Gemini, Singapore 117610
Sample Collection and Ordering Consumables: **8339 8766**

Clinic and Doctor Info

_____ _____
Date & Time of Order Doctor's Name and Signature

Patient Name: _____

NRIC/FIN No.: _____ Passport No.: _____

DOB: _____ Sex: _____ Nationality: _____

Email Address: _____ Contact No.: _____

Address: _____

_____

Sample Type	**QTY**
☐ Blood	_____ml
☐ Swab (NP)	_____
☐ Swab (OP)	_____
☐ Swab (OPMT)	_____
☐ Cervical Swab	_____
☐ Sputum	_____
☐ Respiratory Lavage	_____
☐ Respiratory Aspirate	_____
☐ Other: _____	
_____	_____

☐ **EXPRESS SAMPLE**

COVID-19 Sample Swabber Name:

Tests Required / Test Codes	
☐ COVID-19 PCR Test	☐ Epi proColon® 2.0 CE
☐ AcuSept® Sepsis PCR Test	☐ Unyvero™ HPN PCR Test
☐ HPV PCR Test	☐ Unyvero™ ITI PCR Test
☐ Pharmacogenomics Test: _____	☐
☐	☐
☐	☐

Affix Lab Barcode Labels Here

Payment:
(Please tick; if no tick, laboratory will bill clinic)

☐ Bill clinic
☐ Bill laboratory (lab name: _____)

For COVID-19 Tests:

☐ COVID1: Government-Paid
☐ COVID2: Private-Paid (Travel)
☐ COVID2: Private-Paid (Other)
☐ Other: _____