LABORATORY REQUEST FORM 7

NewGen Diagnostics Co.,Ltd. 599/5 Moo 4, Bangkruay-Jongthanom Road, Tambon Mahasawat, Bang Kruay, Nonthaburi 11130
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ACCREDITATION No. : 4207/61

PATIENT:

Name: _____

H.N.:_____ DOB: _____

Age:_____year Sex: ☐ Male ☐ Female

Specimen collection Date: _____ Time:_____

☐ STAT TEST (Date/Time request): _____

ORDERING PHYSICIAN:

Name:_____

Phone:_____

HOSPITAL/CLINIC:

Name:_____ รพ. บำรุงราษฎร์

Ward:_____

Type of specimen ☐ Blood-EDTA ☐ BM-Heparin ☐ BM-EDTA ☐ CSF-Sterile ☐ Other : .....

Number of specimen :..... tube

CLINICAL INDICATIONS

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LAB FINDING

Hb :..... g/dL Hct : ..... % WBC Count : ..... X 10^3 cell/uL

Diff : N : ..... % L : .....% M : .....% B : .....% E :.....%

Abnormal WBC : .....

LEUKEMIA PANEL

- ☐ FL-006 Acute Leukemia Panel : **Rule out**
  - ☐ Acute Lymphoblastic Leukemia (ALL)
  - ☐ Acute Myeloid Leukemia (AML)
  - ☐ Chronic Myeloid Leukemia (CML)
- ☐ F-008 Lymphoma Panel : **Rule out**
  - ☐ Chronic Lymphocytic Leukemia (CLL)
  - ☐ B-cell Non-Hodgkin Lymphoma
  - ☐ T-cell Non-Hodgkin Lymphoma
- ☐ FL-025 Minimal Residual Disease (MRD) AML
- ☐ FL-026 Minimal Residual Disease (MRD) B-ALL
- ☐ FL-027 Minimal Residual Disease (MRD) T-ALL
- ☐ FL-021 Multiple Myeloma (MM)
- ☐ FL-020 Myelodysplastic Syndrome (MDS)
- ☐ FL-011 NK Cell Panel (CD16/CD56)
- ☐ FL-007 Paroxysmal Nocturnal Hemoglobinuria (PNH) ; Blood
- ☐ Lymphocyte subset / Lymphocyte marker
- ☐ Other : .....

SPECIAL MARKER (FL-031)

☐ CD3	☐ CD11b	☐ CD25
☐ CD4	☐ CD13	☐ CD27
☐ CD7	☐ CD19	☐ CD34
☐ CD8	☐ CD20	☐ CD38
☐ CD10	☐ CD23	☐ CD138

SPECIAL TEST

- ☐ O002-11 Chromosome blood leukemia
- ☐ O002-11 Chromosome bone marrow leukemia
- ☐ O004-01 Jack 2 V617F mutation
- ☐ O006-11 PML/RARA by RT-PCR
- ☐ O103-02 PML/RARA by FISH
- ☐ O007-02 BCR/ABL by RT-PCR
- ☐ O008-02 BCR/ABL by RQ-PCR
- ☐ O102-02 BCR/ABL by FISH
- ☐ O020-07 PCR for Beta-thalassemia 10 mutations
- ☐ O021-07 PCR for Beta-thalassemia 25 mutations
- ☐ O022-07 PCR for Beta-thalassemia 32 mutations
- ☐ TH-012 PCR for Abnormal Hb (Hb S, Hb D-Punjab, Hb Tak)

NOTE :

For NGD LAB Use only

Acceptable : ☐ Yes ☐ No

Comment.....

Date / Time received : .....Signature.....

For NGD LAB Use only
(Press Order Label)