

**PATIENT INFORMATION**

NAME: \_\_\_\_\_  
LAST NAME FIRST NAME

ID/PASSPORT NO. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YY

CLINICAL DIAGNOSIS: \_\_\_\_\_ GENDER  FEMALE  
 MALE

**SAMPLE INFORMATION**

DATE OF COLLECTION: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_/\_\_\_\_  
DD MM YY HH MM

SAMPLE TYPE (Please select one) :

<input type="checkbox"/> Blood, Specify (EDTA, clotted)	<input type="checkbox"/> First Voided Urine
<input type="checkbox"/> Bone Marrow	<input type="checkbox"/> Stool
<input type="checkbox"/> EDTA Plasma	<input type="checkbox"/> Nasopharyngeal Aspirate/Swab
<input type="checkbox"/> Serum	<input type="checkbox"/> Autocyte/ThinPrep/SurePath

Body Fluid, Specify Type: \_\_\_\_\_

Swab, Specify Type: \_\_\_\_\_

Tissue, Specify Type: \_\_\_\_\_

Paraffin Embedded Tissue, Specify Type: \_\_\_\_\_

Other, Please Specify: \_\_\_\_\_

**PATIENT CONSENT**

Confirmation of patient informed consent for genetic testing

**REPORTING INFORMATION**

PHYSICIAN: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE (DD/MM/YY): \_\_\_\_\_

Please put a "✓" in the box(es) to indicate the test(s) to be performed.

**Infectious Diseases**

- CMV Real-time PCR
- EBV Real-time PCR
- HBV Real-time PCR
- HBV Drug Resistant Mutation Detection  YMDD  ADV  ETV
- HCV Real-time PCR
- HCV Genotyping by PCR Sequencing
- IFNL3 & IFNL4 Genotyping for HCV Treatment
- HIV-1 Real-time PCR
- HPV Detection and Genotyping (21 Genotypes)
- HPV Detection and Genotyping (37 Genotypes)
- HSV-1 & HSV-2 Real-time PCR
- STD Panel I (C. trachomatis, N. gonorrhoeae & U. urealyticum)
- STD Panel II (C. trachomatis, N. gonorrhoeae, U. urealyticum, M. hominis, M. genitalium & T. vaginalis)
- Chlamydia trachomatis PCR
- Gardnerella vaginalis PCR
- Mycoplasma genitalium PCR
- Mycoplasma hominis PCR
- Neisseria gonorrhoeae PCR
- Ureaplasma urealyticum PCR
- Treponema pallidum PCR
- Trichomonas vaginalis PCR
- Bordetella pertussis PCR
- Rubella virus PCR
- Toxoplasma gondii Real-time PCR
- Respiratory Viral Pathogens PCR Panel
- Gastrointestinal Pathogens PCR Panel

**Haematopathology**

- ABL1 Kinase Domain Mutation Detection
- HFE Gene Hotspot Mutation Detection
- JAK2 Exon 12 Mutation Detection
- JAK2 V617F Mutation Detection
- MPL Codon 515 Mutation Detection

**Inherited / Genetic Disorders**

- Pre-pregnancy Panel (Thalassaemia, G6PD & Hearing Loss Mutation)
- ACADM Gene Mutation Detection
- Alpha & Beta Thalassaemia Mutations Screening  
 Hotspot  Comprehensive
- Alpha & Beta Thalassaemia Second Tier Study
- APOE Hotspot Mutation Detection
- CFTR Gene Comprehensive Study
- DMD Gene Comprehensive Study
- F2 Hotspot Mutation Detection
- F5 Hotspot Mutation Detection
- Fragile X Screening
- G6PD Mutations Screening
- Hearing Loss Hotspot Mutation Screening (GJB2, GJB3, mtDNA & SLC26A4)
- Haemophilia A Intron Inversion Detection
- Haemophilia A F8 Gene Mutation Detection (not include intron inversion)
- MTHFR Hotspot Mutation Detection
- NF1 Gene Comprehensive Study
- SMN1 & SMN2 Gene Deletion Detection
- Thrombophilia Mutation Detection
- Universal Genetic Test Panel (569 genetic disorders)

**Histology and Cytology**

- Liquid Based Cytology and 21 HPV Detection & Genotyping
- Liquid Based Cytology and 37 HPV Detection & Genotyping
- Liquid Based Cytology
- Histology for Polyp / Endoscopic Biopsy / Cervical Biopsy / Endometrial Aspirate
- Routine Histology for LEEP / Cone Biopsy of Whole Cervix
- Fine Needle Aspiration Cytology (Single Site Only)
- Body Fluid, Sputum, Nipple Discharge and Other Non-gynae Cytology

Others  Please Specify: \_\_\_\_\_

