

MOLECULAR DIAGNOSTIC REQUEST FORM

FOR LAB USE ONLY

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):

☐ Blood, Specify (EDTA, clotted) ☐ First Voided Urine  
☐ Bone Marrow ☐ Stool  
☐ EDTA Plasma ☐ Nasopharyngeal Aspirate/Swab  
☐ Serum ☐ Autocyte/ThinPrep/SurePath

☐ Body Fluid, Specify Type: \_\_\_\_\_  
☐ Swab, Specify Type: \_\_\_\_\_  
☐ Tissue, Specify Type: \_\_\_\_\_  
☐ Paraffin Embedded Tissue, Specify Type: \_\_\_\_\_  
☐ Other, Please Specify: \_\_\_\_\_

REPORTING INFORMATION

PHYSICIAN: \_\_\_\_\_  
INSTITUTION: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE (DD/MM/YY): \_\_\_\_\_

PATIENT CONSENT

☐ Confirmation of patient informed consent for genetic testing

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

Infectious Diseases

- ☐ Respiratory Viral Pathogens PCR Panel  
☐ Gastrointestinal Pathogens PCR Panel  
☐ STD Panel I (C. trachomatis, N. gonorrhoeae & U. urealyticum)  
☐ STD Panel II (C. trachomatis, N. gonorrhoeae, U. urealyticum, M. hominis, M. genitalium & T. vaginalis)  
☐ HPV Detection and Genotyping (21 Genotypes)  
☐ HPV Detection and Genotyping (37 Genotypes)  
☐ HPV E6/E7 mRNA Detection  
☐ 14 High-risk HPV Screening  
☐ Bordetella pertussis PCR  
☐ Chlamydia trachomatis PCR  
☐ CMV Real-time PCR  
☐ EBV Real-time PCR  
☐ Gardnerella vaginalis PCR  
☐ HBV Drug Resistant Mutation Detection ☐ YMDD ☐ ADV ☐ ETV  
☐ HBV Real-time PCR  
☐ HCV Genotyping by PCR Sequencing  
☐ HCV Real-time PCR  
☐ HIV-1 Real-time PCR  
☐ HSV-1 & HSV-2 Real-time PCR  
☐ IFNL3 & IFNL4 Genotyping for HCV Treatment  
☐ Mycoplasma genitalium PCR  
☐ Mycoplasma hominis PCR  
☐ Neisseria gonorrhoeae PCR  
☐ Parvovirus B19 Real-time PCR  
☐ Rubella virus PCR  
☐ SARS-CoV-2 (COVID-19) Real-time RT-PCR  
☐ Treponema pallidum PCR  
☐ Trichomonas vaginalis PCR  
☐ Ureaplasma urealyticum PCR  
☐ Varicella zoster virus Real-time PCR

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

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  
☐ Comprehensive Carrier Screen (500+ genetic disorders)

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

Pharmacogenomics

- ☐ CYP2C9 & VKORC1 Genotyping for Warfarin Treatment  
☐ CYP2C19 Genotyping for Clopidogrel Treatment  
☐ DPYD Genotyping for 5-FU Responsiveness  
☐ HLA-B\*1301 Genotyping for Dapsone, Baktar or Phenytoin Treatment  
☐ HLA-B\*1502 Genotyping for Carbamazepine Treatment  
☐ HLA-B27 Genotyping  
☐ HLA-B\*5801 Genotyping for Allopurinol Treatment  
☐ NUDT15 Genotyping for Thiopurine Drugs Treatment  
☐ TPMT Genotyping for Thiopurine Drugs Treatment  
☐ UGT1A1 Genotyping for Irinotecan Toxicity

Others ☐ Please Specify: \_\_\_\_\_

