

MOLECULAR DIAGNOSTIC REQUEST FORM

PATIENT INFORMATION	SAMPLE INFORMATION
<p>NAME: _____ LAST NAME FIRST NAME</p> <p>ID/PASSPORT NO.: _____ DATE OF BIRTH: ___/___/___ DD MM YY</p> <p>CLINICAL DIAGNOSIS: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p>	<p>DATE OF COLLECTION: ___/___/___ TIME: ___/___ DD MM YY HH MM</p> <p>SAMPLE TYPE (Please select one):</p> <p><input type="checkbox"/> Blood, Specify (EDTA, clotted) <input type="checkbox"/> First Voided Urine</p> <p><input type="checkbox"/> Paraffin Embedded Tissue (FFPE) <input type="checkbox"/> Nasopharyngeal Aspirate / Swab</p> <p><input type="checkbox"/> EDTA Plasma <input type="checkbox"/> Autocyte / ThinPrep</p> <p><input type="checkbox"/> Serum</p> <p><input type="checkbox"/> Swab, Specify Type: _____</p> <p><input type="checkbox"/> Tissue, Specify Type: _____</p> <p><input type="checkbox"/> Others, Specify Type: _____</p>
PATIENT CONSENT	REPORTING INFORMATION
<p><input type="checkbox"/> Confirmation of patient informed consent for genetic testing</p>	<p>PHYSICIAN: _____</p> <p>INSTITUTION: _____</p> <p>PHONE: _____ FAX: _____</p> <p>SIGNATURE: _____ DATE (DD/MM/YY): _____</p>

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

**Infectious Diseases**

<input type="checkbox"/> Respiratory Viral Pathogens PCR Panel
<input type="checkbox"/> Gastrointestinal Pathogens PCR Panel
<input type="checkbox"/> STD Panel I (C. trachomatis, N. gonorrhoeae & U. urealyticum)
<input type="checkbox"/> STD Panel II (C. trachomatis, N. gonorrhoeae, U. urealyticum, M. hominis, M. genitalium, T. vaginalis, G. vaginalis, C. albicans, U. parvum, HSV-1 & HSV-2)
<input type="checkbox"/> STD Panel II + HPV Detection and Genotyping (23 Genotypes) Combo
<input type="checkbox"/> HPV Detection and Genotyping (21 Genotypes)
<input type="checkbox"/> HPV Detection and Genotyping (37 Genotypes)
<input type="checkbox"/> HPV E6/E7 mRNA Detection
<input type="checkbox"/> Bordetella pertussis PCR
<input type="checkbox"/> Chlamydia trachomatis PCR
<input type="checkbox"/> CMV Real-time PCR
<input type="checkbox"/> EBV Real-time PCR
<input type="checkbox"/> Gardnerella vaginalis PCR
<input type="checkbox"/> HBV Drug Resistant Mutation Detection <input type="checkbox"/> YMDD <input type="checkbox"/> ADV <input type="checkbox"/> ETV
<input type="checkbox"/> HBV Real-time PCR
<input type="checkbox"/> HCV Genotyping by PCR Sequencing
<input type="checkbox"/> HCV Real-time PCR
<input type="checkbox"/> HSV-1 & HSV-2 Real-time PCR
<input type="checkbox"/> IFNL3 & IFNL4 Genotyping for HCV Treatment
<input type="checkbox"/> Mycoplasma genitalium PCR
<input type="checkbox"/> Mycoplasma hominis PCR
<input type="checkbox"/> Neisseria gonorrhoeae PCR
<input type="checkbox"/> Parvovirus B19 Real-time PCR
<input type="checkbox"/> Rubella virus PCR
<input type="checkbox"/> SARS-CoV-2 (COVID-19) Real-time RT-PCR
<input type="checkbox"/> Treponema pallidum PCR
<input type="checkbox"/> Trichomonas vaginalis PCR
<input type="checkbox"/> Ureaplasma urealyticum PCR
<input type="checkbox"/> Varicella zoster virus Real-time PCR

**Histology and Cytology**

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

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

**Inherited / Genetic Disorders**

<input type="checkbox"/> Pre-pregnancy Panel (Thalassaemia Hotspot Mutations Screening, G6PD & Hearing Loss Mutation)
<input type="checkbox"/> ACADM Gene Mutation Detection
<input type="checkbox"/> Alpha & Beta Thalassaemia Mutations Screening <input type="checkbox"/> Hotspot <input type="checkbox"/> Comprehensive
<input type="checkbox"/> APOE Hotspot Mutation Detection
<input type="checkbox"/> CFTR Gene Comprehensive Study
<input type="checkbox"/> DMD Gene Comprehensive Study
<input type="checkbox"/> F2 Hotspot Mutation Detection
<input type="checkbox"/> F5 Hotspot Mutation Detection
<input type="checkbox"/> Fragile X Screening
<input type="checkbox"/> G6PD Mutations Screening
<input type="checkbox"/> Hearing Loss Hotspot Mutation Screening (GJB2, GJB3, mtDNA & SLC26A4)
<input type="checkbox"/> Haemophilia A Intron Inversion Detection
<input type="checkbox"/> Haemophilia A F8 Gene Mutation Detection (not include intron inversion)
<input type="checkbox"/> MTHFR Hotspot Mutation Detection
<input type="checkbox"/> NF1 Gene Comprehensive Study
<input type="checkbox"/> SMN1 & SMN2 Gene Deletion Detection
<input type="checkbox"/> Thrombophilia Mutation Detection
<input type="checkbox"/> Comprehensive Carrier Screen (500+ genetic disorders)

**Haematopathology**

<input type="checkbox"/> ABL1 Kinase Domain Mutation Detection
<input type="checkbox"/> HFE Gene Hotspot Mutation Detection
<input type="checkbox"/> JAK2 Exon 12 Mutation Detection
<input type="checkbox"/> JAK2 V617F Mutation Detection
<input type="checkbox"/> MPL Codon 515 Mutation Detection

**Pharmacogenomics**

<input type="checkbox"/> CYP2C9 & VKORC1 Genotyping for Warfarin Treatment
<input type="checkbox"/> CYP2C19 Genotyping for Clopidogrel Treatment
<input type="checkbox"/> DPYD Genotyping for 5-FU Responsiveness
<input type="checkbox"/> HLA-B*1301 Genotyping for Dapsone, Baktar or Phenytoin Treatment
<input type="checkbox"/> HLA-B*1502 Genotyping for Carbamazepine Treatment
<input type="checkbox"/> HLA-B27 Genotyping
<input type="checkbox"/> HLA-B*5801 Genotyping for Allopurinol Treatment
<input type="checkbox"/> NUDT15 Genotyping for Thiopurine Drugs Treatment
<input type="checkbox"/> TPMT Genotyping for Thiopurine Drugs Treatment
<input type="checkbox"/> UGT1A1 Genotyping for Irinotecan Toxicity

