

### NEOGENIX LABORATOIRE TEST REQUEST FORM

<b>Patient Details</b> <b>Name</b> : _____  <b>IC/Passport No</b> : _____  <b>Date of Birth</b> : _____ <b>Age</b> : _____ <b>Gender:</b> _____ <b>Your reference</b> : _____	<b>For NeoGenix Laboratoire use only</b>  <b>Referring Doctor's Name &amp; Hospital Stamp</b>
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**Clinical History & Diagnosis**

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**Type of Specimen**

<input type="checkbox"/> Blood in EDTA tube	<input type="checkbox"/> Urine	<input type="checkbox"/> Rectal swab
<input type="checkbox"/> Blood in heparin tube	<input type="checkbox"/> Sputum	<input type="checkbox"/> Nasopharyngeal & Oropharyngeal swab
<input type="checkbox"/> Blood in SST/ plain tube	<input type="checkbox"/> Broncho-alveolar lavage	<input type="checkbox"/> Other swab: _____
<input type="checkbox"/> CSF	<input type="checkbox"/> Nasopharyngeal swab	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Stool	<input type="checkbox"/> Vaginal swab	

Date of Sample Taken: \_\_\_\_\_ Time of Sample Taken: \_\_\_\_\_ AM/PM

**Test Requested**

<u>Immunosuppression Panels</u> <input type="checkbox"/> BKV and CMV Combo assay <input type="checkbox"/> CMV viral load <input type="checkbox"/> BKV viral load <input type="checkbox"/> EBV viral load <input type="checkbox"/> Adenovirus viral load <input type="checkbox"/> Human herpesvirus 6 viral load <input type="checkbox"/> HSV1 & 2 viral load <input type="checkbox"/> JC virus viral load  <u>TB Testing</u> <input type="checkbox"/> TB PCR <input type="checkbox"/> TSPOT-TB <input type="checkbox"/> Quantiferon TB Gold Plus  <u>Others</u> <input type="checkbox"/> CD4 & Hb Count <input type="checkbox"/> <i>Aspergillus</i> Galactomannan Assay	<u>Gastrointestinal Panels</u> <input type="checkbox"/> RPGPP <input type="checkbox"/> GPP-25 <input type="checkbox"/> GPP-Bacterial I <input type="checkbox"/> GPP-Bacterial II <input type="checkbox"/> GPP-Virus <input type="checkbox"/> GPP-Parasite  <u>STD</u> <input type="checkbox"/> STI-7 <input type="checkbox"/> STI-Genital Ulcer <input type="checkbox"/> STI Combo Assay <input type="checkbox"/> HPV Genotyping	<u>Respiratory Panels</u> <input type="checkbox"/> RP-33 <input type="checkbox"/> RP-26 <input type="checkbox"/> RB-7 <input type="checkbox"/> RV-19 <input type="checkbox"/> Respi Panel I (RP I) <input type="checkbox"/> SARS-CoV-2 PCR  <u>Tropical Diseases</u> <input type="checkbox"/> Dengue, Chikungunya & Zika PCR <input type="checkbox"/> Dengue & Chikungunya PCR <input type="checkbox"/> Dengue PCR <input type="checkbox"/> Chikungunya PCR <input type="checkbox"/> Zika PCR	<u>Blood Borne</u> <input type="checkbox"/> HIV viral load <input type="checkbox"/> HCV viral load <input type="checkbox"/> HBV viral load  <u>Meningitis/Encephalitis Panels</u> <input type="checkbox"/> Rapid Meningitis/Encephalitis Panel (ME14) <input type="checkbox"/> Meningitis/Encephalitis Package I (ME27)	<u>Eye Infection (Uveitis) Panels</u> <input type="checkbox"/> Eye Infection Panel I <input type="checkbox"/> Eye Infection Panel II  <u>Therapeutic Drug Monitoring Panels</u> <input type="checkbox"/> Infliximab Trough Level Assay <input type="checkbox"/> Adalimumab Trough Level Assay <input type="checkbox"/> Anti-Infliximab Antibody Level Assay <input type="checkbox"/> Anti-Adalimumab Antibody Level Assay
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Other test (to specify): \_\_\_\_\_

<b>Result Delivery</b> <input type="checkbox"/> Phone: _____ <input type="checkbox"/> Email : _____	<b>For NeoGenix Laboratoire use only</b> Despatch Name : _____ Received by (Name) : _____ Date & Time received : _____ Note (if any): _____
<b>Payment Method (if applicable)</b> <input type="checkbox"/> Cash <input type="checkbox"/> Online Transfer <input type="checkbox"/> Others: _____ *Please provide the payment proof (bank slip) if payment is done via online transfer	
<b>Bank details:</b> RHB Bank Berhad Beneficiary name: Neogenix Laboratoire Sdn Bhd Account No: 2124 3960 0328 27	