**MOLECULAR DIAGNOSTIC LABORATORY**

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Ward</th>
<th>Bed</th>
<th>Class</th>
<th>Department</th>
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<td>Industrial Accident</td>
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<td>Non-Resident</td>
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**Relevant History/Findings/Treatment**

**Clinical Diagnosis (Please fill up)**

**Lab Barcode Accession No.**

**Name and Signature of Requesting Doctor**

NRIC: A/C #:

NAME: DOB:

Date

**Name of Consultant I/C**

SEX/RACE:

**Type of Specimen**

☐ Blood ☐ Others (Specify) 

**ADDRESS:**

Specimen Taken: Date ________ Time ________ am/pm

**REQUEST (Please tick (√) appropriate box(es) below)**

**CANCER GENE MUTATION TESTS**

- CR1015 BRAF V600E Mutation Analysis *
- CR1013 EGFR T790M Mutation Analysis *
- CR1048 Lung Cancer Targeted Panel *
- CR1017 IDH1/2 Mutation Analysis
- CR1014 MGMT Promoter Methylation Analysis
- CR1020 MPL Exon 10 Mutation Analysis

* Plasma-based testing by appointment only.

**PHARMACOGENETIC TESTS**

- CR1007 CYP2C19 Genotyping
- CR1028 CYP2D6 Genotyping with CNV
- CR1025 CYP3A5 Genotyping
- CR1006 TPMT and NUDT15 Genotyping
- CR1024 Warfarin Genotyping
- CR1016 HLA-B *1502 Genotyping
- CR1005 JAK2 V617F Mutation Detection
- CR1021 JAK2 Exon 12/13 HRM Mutation Analysis
- CR1011 JAK2 V617F, CALR Exon 9 and MPL Exon 10 Mutation Detection

**OTHERS**

- CR1044 GASTROClear
- CR1029 NOTCH3 Mutation Analysis (NOTE: consent form required)
- CR1017 IDH1/2 Mutation Analysis

**CUSTOMISED TEST **

CR1001 Test name

Test price $ ________ Case No. ________

CR1023 Sample delivery charges $ ________ (before GST)

**ADDITIONAL TESTS ** / TEST CANCELLATION / COMMENT

**Additional tests:**

**Reason(s) for Cancellation:**

**MDL Fax No: 6357 7398**