



eLAB QUESTIONNAIRE (DOWNTIME FORM)

Fasting Required? : <input type="checkbox"/> Yes <input type="checkbox"/> No			Expected Appointment <input type="text"/>	
<input type="checkbox"/> RP	<input type="checkbox"/> FBC	<input type="checkbox"/> TFT (TSH+FT4)	<input type="checkbox"/> Cardiac Markers	<input type="checkbox"/> CEA
<input type="checkbox"/> LFT	<input type="checkbox"/> HbA1C	<input type="checkbox"/> FT3	<input type="checkbox"/> Microalbumin	<input type="checkbox"/> PSA(Total)
<input type="checkbox"/> FSL	<input type="checkbox"/> INR	<input type="checkbox"/> SERO	<input type="checkbox"/> proBNP	<input type="checkbox"/> AFP
<input type="checkbox"/> FBS/RBS	<input type="checkbox"/> UFEME	<input type="checkbox"/> hsCRP	<input type="checkbox"/> Iron Studies	<input type="checkbox"/> CA125
<input type="checkbox"/> Others	<input type="text"/>			
▼ Pre MRI / MSCT Lab Test				
Fasting Required? : <input type="checkbox"/> Yes <input type="checkbox"/> No			Expected Appointment <input type="text"/>	
<input type="checkbox"/> RP	<input type="checkbox"/> FBC	<input type="checkbox"/> TFT	<input type="checkbox"/> Cardiac Markers	<input type="checkbox"/> CEA
<input type="checkbox"/> LFT	<input type="checkbox"/> HbA1C	<input type="checkbox"/> FT3	<input type="checkbox"/> Microalbumin	<input type="checkbox"/> PSA (Total)
<input type="checkbox"/> FSL	<input type="checkbox"/> INR	<input type="checkbox"/> SERO	<input type="checkbox"/> proBNP	<input type="checkbox"/> AFP
<input type="checkbox"/> FBS	<input type="checkbox"/> UFEME	<input type="checkbox"/> hsCRP	<input type="checkbox"/> Iron	<input type="checkbox"/> CA125
<input type="checkbox"/> Others	<input type="text"/>			

Name : _____

Signature: _____

Date & Time: _____