

PATIENT'S INFORMATION

(Please Stick Label)

eLAB QUESTIONNAIRE (DOWNTIME FORM)

| Fasting Required? : Yes | No | | | Expected Appointment | |
|--|------------------|---------|-----------------|----------------------------------|------------------------|
| RP | | FBC | ☐ TFT (TSH+FT4) | Cardiac Markers | ☐ CEA |
| LFT | | ☐ HbA1C | FT3 | Microalbumin | PSA(Total) |
| FSL | | ☐ INR | SERO | ☐ proBNP | AFP |
| ☐ FBS/RBS | | UFEME | hsCRP | ☐ Iron Studies | CA125 |
| | | | | ☐ Vit B12 + Folate | |
| Others | | | | | |
| ➤ Pre MRI / MSCT Lab Test Fasting Required? : □ Yes □ | □ No | | | Expected Appointment | |
| | □ sp.o | г | 7 | | П от |
| □ RP | ☐ FBC ☐ HbA1C | _ | ☐ TFT ☐ FT3 | ☐ Cardiac Markers ☐ Microalbumin | ☐ CEA ☐ PSA (Total) |
| FSL | ☐ INR | | SERO | proBNP | AFP |
| ☐ FBS | UFEME | | hsCRP | ☐ Iron | ☐ CA125 |
| _ 100 | _ OF EINE | _ | | ☐ Vit B12 | |
| Others | | | | | |
| Name : Signature: | | | | | |
| Date & Time: | | | | | |