

BILL TO: <input type="checkbox"/> CASH <input type="checkbox"/> HOSPITAL <input type="checkbox"/> CLINIC <input type="checkbox"/> EMPLOYER/GL		<input type="checkbox"/> <b>URGENT</b>		<b>For lab use, Blood Sample and request received by:</b>  In case of add on old sample, previous Lab number must be indicated :	
NAME:		MRN/REG. NO. : ..... HEIGHT/WEIGHT : ..... NRIC / PASSPORT NO : ..... DATE OF BIRTH : ..... AGE : ..... CONTACT NO : ..... SEX : MALE / FEMALE EMAIL : .....			
ADDRESS: ..... POSTCODE: .....					
<small>For walk in patient and corporate client ONLY:</small> <small>I have read, understand and consent to IHH MY Personal Data Protection Notice, accessible at <a href="https://www.premierintegratedlabs.com.my/data-protection-notice/">https://www.premierintegratedlabs.com.my/data-protection-notice/</a></small> <input type="checkbox"/> I agree to receive marketing related messages or collaterals <input type="checkbox"/> I do not agree to receive marketing related messages or collaterals					
HISTORY / CLINICAL FINDINGS / DIAGNOSIS :		DOCTOR'S NAME & CLINIC & STAMP :  <div style="display: flex; justify-content: space-between;"> <span>..... DOCTOR'S SIGNATURE</span> <span>..... DATE</span> </div>			
DRUG THERAPY : LAST DOSE: DATE ...../...../..... TIME: ..... COLLECTION: DATE ...../...../..... TIME: .....		SPECIMEN TYPE : <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> FAECES <input type="checkbox"/> SWAB <input type="checkbox"/> OTHERS <small>(PLEASE SPECIFY: .....)</small>		SPECIMEN COLLECTION: TIME : ..... DATE : ..... / ..... / ..... COLLECTED BY : .....	
FASTING : <input type="checkbox"/> Yes <input type="checkbox"/> No PREGNANT : <input type="checkbox"/> Yes <input type="checkbox"/> No GESTATION WEEK: .....					

**NOTE: 1. All above details are compulsory to fill up.**  
**2. Please refer to price and service catalogue for test details and other listing.**

PROFILE TEST	BIOCHEMISTRY	GENERAL SCREENING	SEROLOGY / IMMUNO.	MICROBIOLOGY	INFECTIOUS DISEASE
Anaemia AE01 <input type="checkbox"/> AE02 <input type="checkbox"/> AE03 <input type="checkbox"/> AE04 <input type="checkbox"/>	ALT (SGPT) <input type="checkbox"/> Amylase <input type="checkbox"/>	ESP ..... <input type="checkbox"/> ESPA <input type="checkbox"/>	C-reactive Protein <input type="checkbox"/> Dengue (IgG/IgM) <input type="checkbox"/>	AFB-Culture <input type="checkbox"/> AFB-Direct Smear <input type="checkbox"/>	Combo HIV <input type="checkbox"/> HBsAg <input type="checkbox"/>
Antenatal AN02 <input type="checkbox"/> AN03 <input type="checkbox"/> AN04 <input type="checkbox"/> AN4A <input type="checkbox"/> AN05 <input type="checkbox"/> AN5A <input type="checkbox"/>	AST (SGOT) <input type="checkbox"/> Bilirubin (Neonatal) <input type="checkbox"/> Bilirubin (Total) <input type="checkbox"/>	ESPC <input type="checkbox"/> DRXC <input type="checkbox"/> LWTP <input type="checkbox"/>	FT3 <input type="checkbox"/> FT4 <input type="checkbox"/> TSH <input type="checkbox"/>	Blood C&S <input type="checkbox"/> Gram Stain <input type="checkbox"/> Sputum C&S <input type="checkbox"/>	HBsAb <input type="checkbox"/> HCVAb <input type="checkbox"/>
Arthritis AR01 <input type="checkbox"/> AR02 <input type="checkbox"/>	Calcium <input type="checkbox"/> Cholesterol (Total) <input type="checkbox"/>	BHS1 <input type="checkbox"/> BHS2 <input type="checkbox"/>	HCG <input type="checkbox"/> R.A. Factor <input type="checkbox"/>	Stool C&S <input type="checkbox"/> Stool FEME <input type="checkbox"/>	<b>TUMOUR MARKERS</b> AFP <input type="checkbox"/> CA 15-3 <input type="checkbox"/> CA 19-9 <input type="checkbox"/> CA 125 <input type="checkbox"/> CEA <input type="checkbox"/> PSA <input type="checkbox"/> EBV VCA IgA <input type="checkbox"/>
Dengue Fever DFD <input type="checkbox"/>	Creatinine <input type="checkbox"/> Electrolytes <input type="checkbox"/> GGT <input type="checkbox"/>	PKP1 <input type="checkbox"/> PKPP <input type="checkbox"/> PSRA <input type="checkbox"/>	TPHA <input type="checkbox"/> RPR <input type="checkbox"/> UPT <input type="checkbox"/>	Swab C&S <input type="checkbox"/> Urine C&S <input type="checkbox"/> Urine FEME <input type="checkbox"/>	
Diabetes DI01 <input type="checkbox"/> DI02 <input type="checkbox"/>	Glucose <input type="checkbox"/> HbA1C <input type="checkbox"/>	PSR <input type="checkbox"/> PSR1 <input type="checkbox"/>	Dengue NS1 Antigen <input type="checkbox"/> H. pylori IgG <input type="checkbox"/>		
Febrile Screen FE01 <input type="checkbox"/>	Phosphate <input type="checkbox"/> Potassium <input type="checkbox"/>				
Hepatitis Screen HE03 <input type="checkbox"/>	Total protein <input type="checkbox"/> Urea <input type="checkbox"/> Uric Acid <input type="checkbox"/>	<b>HAEMATOLOGY</b> ABO & Rh <input type="checkbox"/> APTT <input type="checkbox"/> PT <input type="checkbox"/> ESR <input type="checkbox"/> FBC <input type="checkbox"/> FBP <input type="checkbox"/> G6PD (Screen) <input type="checkbox"/> Hb <input type="checkbox"/> Hb Electrophoresis <input type="checkbox"/> Malaria Parasites <input type="checkbox"/> PBF <input type="checkbox"/> Platelet Count <input type="checkbox"/> G6PD (Quantitative) <input type="checkbox"/>			
Lipid Profile LP01 <input type="checkbox"/>		<b>OTHERS</b> PT107 <input type="checkbox"/> ALG124 (PT64 + FITT60) <input type="checkbox"/> ALG167 (PT107 + FITT60) <input type="checkbox"/> BAA (Alzheimer - Beta Amyloid Aggregation level test) <input type="checkbox"/>			
Liver Function LI01 <input type="checkbox"/> LI02 <input type="checkbox"/> LI03 <input type="checkbox"/> LI04 <input type="checkbox"/>		<b>OTHER TESTS</b> 1. .... 7. .... 2. .... 8. .... 3. .... 9. .... 4. .... 10. .... 5. .... 11. .... 6. .... 12. ....			
Renal Function RE02 <input type="checkbox"/> RE06 <input type="checkbox"/>					
Thalassemia Studies TH01 <input type="checkbox"/>					
Thyroid TR04 <input type="checkbox"/> TR06 <input type="checkbox"/>					
Tumour Markers TM11 <input type="checkbox"/> TM12 <input type="checkbox"/> TM02 <input type="checkbox"/> TM22 <input type="checkbox"/>					

<b>For Office Use Only :</b>	OPD				
		CCO			
		PBT			

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Clinical Diagnostic Request Form OF019  
Version 1.26 1<sup>st</sup> April 2025