GeneFlux	**LABORATORY TEST REQUEST FORM (FOR URGENT SAMPLE ONLY)**	GENEFLUX BIOSCIENCES SDNBHD. Form No : QF-ROS-04 Revision : 01 Effective Date: 01/04/2024

Patient name																		
Identity Card No																		
Date of Birth (dd/mm/yy)											**Sex:** Male / Female				**Age**			

Test Name : _____ **Type of specimen** : _____

Doctor's Name : _____ **Doctor Tel. No** : _____

Report to:

☐ **Email** : _____

☐ **Fax No:** _____

Hereby, we agree to pay an additional cost for this urgent sample(s).

Name :_____ **Designation** : _____

NRIC :_____ **Date &Time** : _____

Signature :_____ **Hospital/ Lab Stamp:**

<u>For Geneflux Biosciences Sdn. Bhd. Laboratory Use Only:</u>

Lab Reference Number:

<u>Urgent Sample Received at the Laboratory by:</u>

Name :

Signature :

Date & Time :