



# REQUEST FORM

Unit Protein Khas, Specialized Diagnostic Centre,  
Institute for Medical Research, Kuala Lumpur  
National Institute of Health, KKM

Tel: 03-2616 2669/2731  
Email: prot.umpdp@moh.gov.my

To The Requesting Lab / Person,  
Please STAMP HERE

<b>Patient name :</b>		<b>Hospital :</b>	<b>Ward :</b>
<b>IC number :</b>		<b>Registration No. (RN) :</b>	
<b>Age :</b>	<b>Gender :</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Hospital contact:-</b>	
<b>Ethnic:</b>	<b>Nationality:</b>	<b>Tel. no :</b>	
		<b>Fax no :</b>	
		<b>Email :</b>	
<b>Clinical Diagnosis:</b> A) Multiple Myeloma <input type="checkbox"/> New case <input type="checkbox"/> Follow up case <input type="checkbox"/> B) Other than Multiple Myeloma (please specify): .....		<b>Laboratory findings (for Mutiple Myeloma) :</b> Hemoglobin (Hb) : g/dL White Cell Count : x10 <sup>9</sup> /L Urea : mmol/L Creatinine : µmol/L Calcium (corrected) : mmol/L ESR : mm/H X-ray : Peripheral Blood Film: BM aspirate : <b>Treatments:</b> <b>Stem cell transplant:</b>	
<b>Clinical Symptoms &amp; Signs:</b> <input type="checkbox"/> Anaemic <input type="checkbox"/> Others (please specify): ..... <input type="checkbox"/> Bone fracture ..... <input type="checkbox"/> Bone pain ..... <input type="checkbox"/> Constitutional symptoms <input type="checkbox"/> Hepato/Splenomegaly <input type="checkbox"/> Infections <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Nephrotic syndrome <input type="checkbox"/> Peripheral neuropathy <input type="checkbox"/> Prolonged Jaundice <input type="checkbox"/> Respiratory symptoms <input type="checkbox"/> Vision problem <input type="checkbox"/> No symptom related to M protein			
<b>Test requested :</b> A. Multiple Myeloma :- i) Protein Electrophoresis, Serum <input type="checkbox"/> ii) Protein Electrophoresis, Serum and Urine <input type="checkbox"/> iii) Free Light Chain Quantitation, Serum <input type="checkbox"/> B. Specific Protein Quantitation :- i) Transferrin, Serum <input type="checkbox"/> ii) Alpha 1 Antitrypsin, Serum <input type="checkbox"/> iii) Beta 2 Microglobulin, Serum <input type="checkbox"/> C. Protein Profiling :- i) Transferrin Isoform, Serum <input type="checkbox"/> ii) Alpha 1 Antitrypsin Phenotyping, Serum <input type="checkbox"/> iii) Oligoclonal Band, CSF and Serum <input type="checkbox"/>			
<b>Types of specimen:</b>	<input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> CSF		
<b>Date of sample collection:</b>			
<b>Doctor in-charge :</b> <b>Sign and Stamp :</b> <b>Date:</b>			
<b>Guidelines for sample collection, storage and transportation:</b> (i) <b>SERUM :</b> a) At least 3mL of serum in plain tube. b) Serum condition must be clear and not hemolysed, turbid or lipaemic. c) Refrigerate serum immediately after collection. (ii) <b>URINE :</b> a) At least 25mL of 24Hr urine in sterile container. <b>OR</b> b) At least 25mL of random urine in sterile container. c) Refrigerate urine immediately after collection. <b>d) URINE SAMPLE MUST BE ACCOMPANIED WITH SERUM SAMPLE TOGETHER.</b> (iii) <b>CSF :</b> a) At least 1mL of CSF in bijou bottle or sterile container. b) It is recommended to collect both CSF and serum sample at the same time. c) Freeze CSF immediately after collection. <b>d) CSF SAMPLE MUST BE ACCOMPANIED WITH SERUM SAMPLE TOGETHER.</b>			
<b>Transport all specimens in ice to the laboratory.</b>			