

No	Laboratory	Test code	Test Group	Test name	Service Scope
1	Makmal Rujukan Immunohematologi Kebangsaan (MRIK)	MRIK-1	Immunohematology	Blood Group Test	National Referral Laboratory (Immunohematology) for KKM and non-KKM hospital (subjected to MoU)
2		MRIK-2	Immunohematology	Antihuman Globulin (AHG) Test	National Referral Laboratory (Immunohematology) for KKM and non-KKM hospital (subjected to MoU)
3		MRIK-3	Immunohematology	Crossmatching	National Referral Laboratory (Immunohematology) for KKM and non-KKM hospital (subjected to MoU)
4		MRIK-4	Immunohematology	Transfusion Reaction	National Referral Laboratory (Immunohematology) for KKM and non-KKM hospital (subjected to MoU)
5		MRIK-5	Immunohematology	Platelet antibody	National Referral Laboratory (Immunohematology) for KKM and non-KKM hospital (subjected to MoU)
6		MRIK-6	Immunohematology	Platelet Crossmatching (PXM)	National Referral Laboratory (Immunohematology) for KKM and non-KKM hospital (subjected to MoU)
7		MRIK-7	Immunohematology	Genotyping	National Referral Laboratory (Immunohematology) for KKM and non-KKM hospital (subjected to MoU)
8	Clinical Transfusion Laboratory	CTD-1	Pre Transfusion Testing	Blood Group & RhD Test	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli
9		CTD-2	Pre Transfusion Testing	Group, Screen & Hold (GSH)	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli
10		CTD-3	Pre Transfusion Testing	Group & Crossmatching (GXM)	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli
11		CTD-4	Pre Transfusion Testing	Blood component request	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli
12		CTD-5	Pre Transfusion Testing	Antibody Identification	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli
13		CTD-6	Pre Transfusion Testing	Direct Coombs test	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli
14		CTD-7	Post Transfusion Testing	Adverse Transfusion Reaction	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli
15		CTD-8	Post Transfusion Testing	Crossmatching Safe O (uncrossmatch packed cell O)	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli
16	Histocompatibility and Immunogenetic Laboratory	H&I 1	Histocompatibility	HLA Typing	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Ampang, Hospital Pulau Pinang and Hospital Sultanah Aminah Johor Bahru for KKM (subjected to Service Agreement)
17		H&I 2	Histocompatibility	HLA Crossmatch (CDC) - Living related	Hospital Kuala Lumpur for KKM (subjected to Service Agreement)
18		H&I 3	Histocompatibility	HLA Crossmatch (FLOW) - Living related	Hospital Kuala Lumpur for KKM (subjected to Service Agreement)
19		H&I 4	Histocompatibility	HLA Crossmatch (CDC) - Deceased donor	Hospital Kuala Lumpur and Hospital Selayang for KKM (subjected to Service Agreement)
20		H&I 5	Histocompatibility	HLA Crossmatch (FLOW) - Deceased donor	Hospital Kuala Lumpur and Hospital Selayang for KKM (subjected to Service Agreement)
21		H&I 6	Histocompatibility	HLA Antibody - Solid organ transplant	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Ampang, Hospital Pulau Pinang and Hospital Sultanah Aminah Johor Bahru for KKM (subjected to Service Agreement)
22		H&I 7	Histocompatibility	HLA Antibody - TRALI cases	All KKM Hospitals / facility
23		H&I 8	Histocompatibility	HLA Match Platelets Request	All KKM Hospitals / facility
24	Transfusion Microbiology Laboratory	TML-1	Transfusion Microbiology	Nucleic Acid Testing	Nucleic Acid Testing referral laboratory for central region collection centre and NAT collection centre
25		TML-2	Transfusion Microbiology	Nucleic Acid Testing-Discriminatory	Nucleic Acid Testing referral laboratory for central region collection centre and NAT collection centre
26		TML-3	Transfusion Microbiology	Donor Screening For Transfusion-Transmitted Infection (TTI)	National Referral Laboratory (Transfusion Microbiology) for reactive donors
27		TML-4	Transfusion Microbiology	HIV Ag/Ab	National Referral Laboratory (Transfusion Microbiology) for reactive donors
28		TML-5	Transfusion Microbiology	HIV Confirmatory Test	National Referral Laboratory (Transfusion Microbiology) for reactive donors
29		TML-6	Transfusion Microbiology	Hepatis B Surface Antigen	National Referral Laboratory (Transfusion Microbiology) for reactive donors
30		TML-7	Transfusion Microbiology	Hepatis B Surface Antibody	National Referral Laboratory (Transfusion Microbiology) for reactive donors
31		TML-8	Transfusion Microbiology	Hepatitis B Confirmatory Test (neutralization)	National Referral Laboratory (Transfusion Microbiology) for reactive donors
32		TML-9	Transfusion Microbiology	Anti Hepatitis B Core	National Referral Laboratory (Transfusion Microbiology) for reactive donors
33		TML-10	Transfusion Microbiology	Anti Hepatitis C Virus	National Referral Laboratory (Transfusion Microbiology) for reactive donors
34		TML-11	Transfusion Microbiology	Anti Hepatitis C Virus Confirmatory test	National Referral Laboratory (Transfusion Microbiology) for reactive donors
35		TML-12	Transfusion Microbiology	Rapid Plasma Reagin	National Referral Laboratory (Transfusion Microbiology) for reactive donors
36		TML-13	Transfusion Microbiology	Treponema Pallidum Particle Agglutination	National Referral Laboratory (Transfusion Microbiology) for reactive donors

Test Code	MRIK-1	MRIK-2																																																												
Test Group	Immunohematology	Immunohematology																																																												
Test Name	Blood Group Test	Antihuman Globulin (AHG) Test																																																												
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Test Nature (Single/Profile)	Single / Profile	Profile																																																												
Measurand/Analyte/Organism/Gene	Detection of Blood Group Antigen	Detection of Allo & Auto Antibody																																																												
Test description	<p>Single test :</p> <ul style="list-style-type: none"> * ABO/Rh grouping <p>Profile test which contain 2 or more subtest as follows :</p> <ul style="list-style-type: none"> * ABO/Rh grouping (mandatory) * ABO/Rh confirmation * RBC phenotyping 	<p>Subtest :</p> <ul style="list-style-type: none"> * Antibody Screening * Antibody Identification * Antibody Identification Extended * Direct Antiglobulin Test (DAT) * Isohemagglutination (Titer Anti-A & Anti-B) * Cold agglutinin titer 																																																												
Special Procedure / Instruction	<ol style="list-style-type: none"> 1. A single blood group test request may trigger comprehensive ABO/Rh confirmation and antibody investigation. 2. Blood group test, AHG test, and crossmatch can be requested together, using the same request form and sample unless specified otherwise. Refer to the specific test menu for detailed instructions on the test request. 3. Blood group genotyping tests are not standalone; they should be requested alongside serological blood group investigation. Genotyping is unnecessary when clear results can be obtained through serological testing. 4. All relevant tests and procedures will incur charges. For detailed information on charges, please refer to the specific test menu. 5. To initiate a secretor study, kindly contact MRIK lab for arrangement. 6. For cases involving infants, please ensure that the request is submitted along with the mother's sample. 7. Get MO (PDN) approval before sending the sample to PDN. Upon approval, samples from Klang Valley should reach PDN within 3-4 hours, while samples from outstations should arrive within 48 hours. If not received within the specified time, the case will not be considered urgent and may be tested on the following day. 	<ol style="list-style-type: none"> 1. For all AHG test request, ABO/Rh blood grouping will be included. Depending on the initial blood group findings, the investigation maybe extended to ABO/Rh confirmation and RBC phenotyping tests 2. AHG test and crossmatch can be requested together using the same sample and request form unless specified otherwise. When crossmatch is requested together, please send GXM form together with test request form. 3. All relevant tests and procedures will incur charges. For detailed information on charges, please refer to the specific test menu. 4. For Donath Landsteiner test, kindly contact MRIK lab for arrangement. 5. For cases involving infants, please ensure that the request is submitted along with the mother's sample. 6. Get MO (PDN) approval before sending the sample to PDN. Upon approval, samples from Klang Valley should reach PDN within 3-4 hours, while samples from outstations should arrive within 48 hours. If not received within the specified time, the case will not be considered urgent and may be tested on the following day. 																																																												
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Location	PDN (main building)	PDN (main building)																																																												
Specimen Type	Whole blood	Whole blood																																																												
Container Type & volume required	<ul style="list-style-type: none"> * EDTA (non-gel) : 10mL * Plain (non-gel) : 10mL * Saliva (only for secretor study) : 5mL * Baby sample : EDTA (non gel) : 1ml 	<ul style="list-style-type: none"> * EDTA (non-gel) : 10mL * Plain (non-gel) : 10mL * Baby sample : EDTA (non gel) : 1ml 																																																												
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LTAT (working day)	<p>Serology only : 10 days</p> <p>With molecular : 15 days</p>	<p>Serology only : 10 days</p> <p>With molecular : 15 days</p>																																																												
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EQA Programme	NEQABB, RCPA, UK NEQAS BTLF	NEQABB, RCPA, UK NEQAS BTLF																																																												

Test Code	MRIK-3	MRIK-4																					
Test Group	Immunoematology	Immunoematology																					
Test Name	Crossmatching	Transfusion Reaction																					
Service Scope	National Referral Laboratory (Immunoematology) for KKM and non-KKM hospital (subjected to MoU)	National Referral Laboratory (Immunoematology) for KKM and non-KKM hospital (subjected to MoU)																					
Test Nature (Single/Profile)	Profile	Profile																					
Measurand/Analyte/Organism/Gene	Blood compatibility	Detection of ABO incompatibility and antibodies																					
Test description	Subtest : * Compatibility / least incompatible testing	Investigation includes testing on : * pre-transfusion sample * post-1 sample (immediate after develop reaction) * post 2 sample (24 hrs after develop reaction) * transfused blood bag/components For baby case * pre, post 1, post 2, urine (1ml) : baby * mother : pre only																					
Special Procedure / Instruction	<p>1. For all crossmatch requests, ABO/Rh blood grouping and antibody screening will be included. Depending on the initial findings, compatibility testing may involve ABO/Rh confirmation, antibody investigation, and RBC phenotyping.</p> <p>2. AHG test and crossmatch can be requested together using the same sample and request form unless specified otherwise. When AHG test is requested together, please also send PDN-Immunoematology Test Request form PDN/IH/QP-05/01</p> <p>3. All relevant tests and procedures will incur charges. For detailed information on charges, please refer to the specific test menu.</p> <p>4. For all crossmatch and blood product supply, the requester must obtain approval and a component supply code from the Medical Officer on-call.</p> <p>5. Upon approval, samples from Klang Valley should reach PDN within 3-4 hours, while samples from outstations should arrive within 48 hours. If not received within the specified time, the case will not be considered urgent and may be tested on the following day.</p> <p>6. For GSH cases, sample will be hold for 48 hours. After the time period, sample will be discarded. Please refer as new case if crossmatch is necessary after the time period. When converted GSH to crossmatch, please bring "Slip Pengambilan Darah" for blood supply.</p> <p>7. For cases involving infants, please ensure that the request is submitted along with the mother's sample.</p> <p>8. For rare blood requirements, the time to supply depends on blood availability, and it may involve procedures to call for a specific donor if necessary.</p>	<p>1. Ensure secure packing to prevent leakage and cross-contamination of any of the samples.</p> <p>2. Sample required are as below :- * Pre transfusion sample : remaining EDTA sample * Post-1 and post-2 : EDTA, non gel (10ml) * Urine sample : Post-1 and post-2 * Blood bags : all transfused/ partially transfused blood/component bag</p> <p>3. For cases involving infants : * Pre sample should be mother's sample, * Post-1 and post-2 will be baby's sample (required about 1-2ml of EDTA, non gel sample)</p> <p>4. All transfusion reaction must be accompanied by hemovigilance form.</p>																					
Test Approval	Medical Officer (MO) Oncall	Medical Officer (MO) Oncall																					
Test Status (Active/Suspended/Discontinued/ New)	Active	Active																					
Name of Laboratory	Makmal Rujukan Immunoematologi Kebangsaan (MRIK),	Makmal Rujukan Immunoematologi Kebangsaan (MRIK),																					
Location	PDN (main building)	PDN (main building)																					
Specimen Type	Whole blood	Whole blood																					
Container Type & volume required	<ul style="list-style-type: none"> * EDTA (non-gel) : 10mL * Plain (non-gel) : 10mL * Baby sample : EDTA (non gel) : 1ml 	<p>Blood sample :</p> <ul style="list-style-type: none"> * Pre transfusion : remaining EDTA sample * Post-1 and post-2 transfusion : EDTA (non gel) : 10ml * Urine sample : Post-1 and post-2 * Blood bags : all transfused/ partially transfused blood/component bag <p>For baby case :</p> <ul style="list-style-type: none"> * Pre sample should be mother's sample, * Post-1 and post-2 will be baby's sample (required about 1-2ml of EDTA, non gel sample) 																					
Request Form	<ul style="list-style-type: none"> 1. GXM (crossmatch) form. 2. PDN-Immunoematology Test Request form PDN/IH/QP-05/01 3. hospital referral form (whenever possible) 	<ul style="list-style-type: none"> 1. PDN-Immunoematology Test Request form PDN/IH/QP-05/01 2. Hemovigilance form 																					
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Remark	<ul style="list-style-type: none"> 1. Final charges may vary depending on the specific test performed. 2. All charges will be waived for KKM-hospitals 3. The listed price is for laboratory testing only; blood products will be charged separately by the Inventory Unit. 4. Blood product will be released after payment has settled 	<ul style="list-style-type: none"> 1. Final charges may vary depending on the specific test performed. 2. All charges will be waived for KKM-hospitals. 																					
LTAT (working day)	<ul style="list-style-type: none"> * GSH : 48 hours hold * 2h (full crossmatch) * 1hour (GSH to GXM) * 30 min (urgent) <p>Note : the actual testing time may differ according to the complexity of the case</p>	15 days																					
Report	<ul style="list-style-type: none"> * KKM hospital : please retrieve the report from your blood bank (Unit Transfusi) * Non-KKM hospital, report will be released after payment has been settled. 	<ul style="list-style-type: none"> * KKM hospital : please retrieve the report from your blood bank (Unit Transfusi) * Non-KKM hospital, report will be released after payment has been settled. 																					
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EQA Programme	NEQABB, RCPA	NEQABB, RCPA																					

Test Code	MRIK-5	MRIK-6																											
Test Group	Immunohematology	Immunohematology																											
Test Name	Platelet antibody	Platelet Crossmatching (PXM)																											
Service Scope	National Referral Laboratory (Immunohematology) for KKM and non-KKM hospital (subjected to MoU)	National Referral Laboratory (Immunohematology) for KKM and non-KKM hospital (subjected to MoU)																											
Test Nature (Single/Profile)	Profile	Profile																											
Measurand/Analyte/Organism/Gene	Platelet antibody	Platelet compatibility																											
Test description	Platelet antibody test for diagnosis as below : * Neonatal alloimmune thrombocytopenia (NAIT) * Platelet Transfusion Refractoriness (PTR) * Platelet Transfusion Purpura (PTP) * Autoimmune thrombocytopenia (ITP)	Platelet crossmatch test for diagnosis as below : * Platelet Transfusion Refractoriness (PTR) * Neonatal alloimmune thrombocytopenia (NAIT)																											
Special Procedure / Instruction	<ol style="list-style-type: none"> This is a specialized test and requires approval from a Transfusion Medicine Specialist on-call (PDN). Collect fresh sample before delivery; do not collect and store. Sample reception is available during office hours only. Please plan carefully for sample collection and delivery. Samples from outstation should arrive within 48 hours. For NAIT (Neonatal Alloimmune Thrombocytopenia) investigation, the test will be conducted on the maternal sample and will include a parental crossmatch. For these tests, please send the biological parents' samples. For non-KKM hospitals, if a NAIT case is positive for anti-HPA, the HPA genotyping test can be requested and will incur charges. Our lab staff will contact the requester for confirmation of the extended test before proceeding with testing. For KKM hospitals, HPA genotyping will be included in the investigation whenever indicated. 	<ol style="list-style-type: none"> PXM service is offered during office working hours only, and subjected to Medical Officer (MO) on-call approval. Once approved, please request the MO to raise PXM notification form to the platelet lab for test preparation. A new PXM case must be requested together with a platelet antibody test. Please refer to the platelet antibody test menu for specific instructions on the test request. * If the platelet antibody test is negative, PXM may be canceled - a decision to be made by the lab and on-call team * Due to urgency, PXM may be conducted ahead of the platelet antibody test, a decision to be made by the lab. For additional PXM requests (initial case of less than 2 weeks), please allow MO PDN to check on sample availability: * If the sample is still available, additional PXM requests shall be made directly to the MO. * If a sample is required, please send new sample with the request form Platelet supply will be available (depending on compatibility result) on the same day as platelet testing, with the earliest issuance time at 3 pm. PDN will not reserve the compatible platelets at our site. The requester should arrange with the Inventory Unit to supply all compatible platelets. 																											
Test Approval	Transfusion Medicine Specialist (TMS) on-call	Medical Officer (MO) Oncall																											
Test Status (Active/Suspended/Discontinued/ New)	Active	Active																											
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Location	PDN (main building)	PDN (main building)																											
Specimen Type	Whole blood	Whole blood																											
Container Type & volume required	NAIT case : * Mother sample : EDTA (non gel) : 10ml Plain (non gel) : 10ml * Father sample : EDTA (non gel) : 10ml * Baby sample : EDTA (non gel) : 1ml Other case : * EDTA (non gel) : 10-15ml * Plain (non gel) : 10ml	* Plain (non gel) : 10ml																											
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Remark	<ol style="list-style-type: none"> Final charges may vary depending on the specific test performed. All charges will be waived for KKM-hospitals. 	<ol style="list-style-type: none"> Final charges may vary depending on the specific test performed. All charges will be waived for KKM-hospitals. The listed price is for laboratory testing only; platelet products will be charged separately by the Inventory Unit. Platelet will be released after payment has settled. 																											
LTAT (working day)	Serology only : 15 days With molecular : 20 days	Not applicable. Platelet supply depends on date required.																											
Report	<ul style="list-style-type: none"> KKM hospital : please retrieve the report from your blood bank (Unit Transfusi) Non-KKM hospital, report will be released after payment has been settled. 	<ul style="list-style-type: none"> KKM hospital : please retrieve the report from your blood bank (Unit Transfusi) Non-KKM hospital, report will be released after payment has been settled. 																											
Laboratory contact number	03-2613 2688 ext 2672	03-2613 2688 ext 2672																											
EQA Programme	UK NEQAS H&I	UK NEQAS H&I																											

Test Code	MRIK-7																		
Test Group	Immunoematology																		
Test Name	Genotyping																		
Service Scope	National Referral Laboratory (Immunoematology) for KKM and non-KKM hospital (subjected to MoU)																		
Test Nature (Single/Profile)	Profile																		
Measurand/Analyte/Organism/Gene	Blood group alleles/gene																		
Test description	Subtest : * ABO Genotyping * RhD Variant Genotyping * Rh genotyping * Extended Red Cell Genotyping (Rh, Kidd, Kell, Duffy, MNS and rare blood group system) * Platelet Genotyping (HPA system)																		
Special Procedure / Instruction	1. This is a specialized test and requires approval : a) State genotyping testing for thalassemia patient (routine) : approval from a Head of Division (HOD) or Head of Section (HOS). b) confirmatory test / investigation : approval from Transfusion Medicine Specialist on-call (PDN) 2. Genotyping tests are mostly supplementary to support serological (blood group, AHG, platelet antibody) testing. When requesting genotyping and serological tests together, the lab reserves the right to review the serological findings ahead of genotyping testing. If the serological investigation is clear, genotyping may be deemed unnecessary, and the lab reserves the right to reject the genotyping test request.																		
Test Approval	1. Routine : Head of Division (HOS) or Head of Section (HOS) of MRIK PDN. 2. Confirmatory test / investigation : Transfusion Medicine Specialist (TMS) on-call																		
Test Status (Active/Suspended/Discontinued/ New)	Active																		
Name of Laboratory	Makmal Rujukan Immunoematologi Kebangsaan (MRIK),																		
Location	PDN (main building)																		
Specimen Type	Whole blood																		
Container Type & volume required	EDTA (non gel) : 4ml																		
Request Form	1. PDN-Immunoematology Test Request form PDN/IH/QP-05/01 2. Hospital referral form (whenever possible)																		
Test Method	Refer to fee table																		
Fee	<table border="1"> <thead> <tr> <th>Test method</th> <th>Test name</th> <th>Fee (RM)</th> </tr> </thead> <tbody> <tr> <td>Molecular</td> <td>ABO Genotyping</td> <td></td> </tr> <tr> <td>Molecular</td> <td>Rh Genotyping</td> <td></td> </tr> <tr> <td>Molecular</td> <td>RhD Variant Genotyping</td> <td></td> </tr> <tr> <td>Molecular</td> <td>Extended Red Cell Genotyping</td> <td></td> </tr> <tr> <td>Genotyping</td> <td>Platelet Genotyping</td> <td></td> </tr> </tbody> </table>	Test method	Test name	Fee (RM)	Molecular	ABO Genotyping		Molecular	Rh Genotyping		Molecular	RhD Variant Genotyping		Molecular	Extended Red Cell Genotyping		Genotyping	Platelet Genotyping	
Test method	Test name	Fee (RM)																	
Molecular	ABO Genotyping																		
Molecular	Rh Genotyping																		
Molecular	RhD Variant Genotyping																		
Molecular	Extended Red Cell Genotyping																		
Genotyping	Platelet Genotyping																		
Remark	1. Final charges may vary depending on the specific test performed. 2. All charges will be waived for KKM-hospitals.																		
LTAT (working day)	Routine : 20 days Confirmatory / investigation : 15 days																		
Report	<ul style="list-style-type: none"> • KKM hospital : please retrieve the report from your blood bank (Unit Transfusi) • Non-KKM hospital, report will be released after payment has been settled. 																		
Laboratory contact number	03-2613 2688 ext 2672																		
EQA Programme	UK NEQAS BTLP & UK NEQAS H&I																		

Test Code	CTD-1	CTD-2
Test Group	Pre transfusion testing	Pre transfusion testing
Test Name	Blood Group & RhD Test	Group, Screen & Hold (GSH)
Service Scope	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli
Test Nature (Single/Profile)	Single	Profile
Measurand/Analyte/Organism/Gene	Detection of Blood Group Antigen	Detection of Blood Group Antigen & red cell antibody
Test description	Single test : * ABO/RhD grouping	Profile test : * ABO/RhD grouping & Antibody screening
Special Procedure/ Instruction	<ol style="list-style-type: none"> 1. Blood grouping single test request may lead to extensive ABO/RhD confirmation. 2. Blood grouping test request may be requested together with Direct Coombs Test (DCT) & RhD phenotype . When requested together, the same sample sent will be used for all test, unless requested otherwise. 3. For specific instruction on DCT please refer to the specific test menu. 4. All request must be accompanied by : PDN/WI-21/01, ver 01 5. For urgent request, get approval from the Medical Officer on-call. 	<ol style="list-style-type: none"> 1. Blood grouping single test request may lead to extensive ABO/RhD confirmation for example in ABO subgroup or D Variant and antibody identification. 2. Blood grouping test request may be requested together with DCT test & phenotype. When requested together, the same sample sent will be used for all test, unless requested otherwise. 3. For specific instruction on AHG (DCT/Antibody identification) and crossmatch, please refer to the specific test menu. 4. For baby case (less than 4 months), request must be send together with mother's sample. 5. All request must be accompanied by : PER-SS-BT 105. 6. Refer to crossmatch for convert GSH to GXM.
Test Approval	None (For urgent request please call MO Oncall)	None
Test Status (Active/Suspend/Discontinue/New)	Active	Active
Name of Laboratory	Clinical Transfusion Department	Clinical Transfusion Department
Location	Level 3, Hospital Tunku Azizah	Level 3, Hospital Tunku Azizah
Specimen Type	Whole blood	Whole blood
Container Type & Volume Required	EDTA *3-4ml (adult) *1-2ml (paediatric <4 months)	EDTA *3-4ml (adult) *1-2ml (paediatric <4 months with mother sample) *>3ml (paediatric <4 months if no mother's sample)
Request Form	PDN/WI-21/01, ver 01	PER-SS-BT-105
Test Method	Serology	Serology
Fee	This is an in-house service. No charges will be implicated for KKM hospital	This is an in-house service. No charges will be implicated for KKM hospital
Remark	Any ABO discrepancy/ further testing is send to MARIK for confirmation. Result will be depend on MARIK LTAT.	Any ABO discrepancy/ further testing is send to MARIK for confirmation. Send 10cc sample in EDTA and new request form. Result will be depend on MARIK LTAT.
LTAT (working day)	3 working days	24h
Report	Please retrieve the report from your blood bank by trace form.	Not applicable
Laboratory contact number	03-2600 3000 (Ext : 2129)	03-2600 3000 (Ext : 2129)
EQA Programme	NEQABB, RCPA	NEQABB, RCPA

Test Code	CTD-3	CTD-4
Test Group	Pre transfusion testing	Pre transfusion testing
Test Name	Group & Crossmatching (GXM)	Blood component request
Service Scope	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli
Test Nature (Single/Profile)	Profile	Single
Measurand/Analyte/Organism/Gene	Blood compatibility	Detection of Blood Group Antigen
Test description	Profile test : * ABO/RhD grouping, antibody screening & crossmatching	Single test : * ABO/RhD grouping
Special Procedure/ Instruction	<p>1. For all crossmatch requests, ABO/RhD blood grouping and antibody screening will be included. Depending on the initial findings, compatibility testing may involve ABO/RhD confirmation, antibody investigation, and phenotype.</p> <p>2. Request approval code from the Medical Officer on-call for : * all urgent crossmatch * blood & blood products</p> <p>3. For baby case (less than 4 months), request must be send together with mother's sample.</p> <p>4. For case GSH convert to GXM, send Slip Pengambilan Darah.</p> <p>5. All request must be accompanied by : PER-SS-BT 105.</p> <p>6. For rare blood phenotype requirements, time to supply depends on blood availability, and it may involve procedures to call for a specific donor if necessary.</p> <p>7. For irradiate request, state "PLEASE IRRADIATE" on PER-SS-BT 105/ Slip Pengambilan Darah.</p>	<p>1. For all blood component request, send PER-SS-BT 105 form, sample and Slip Pengambilan Darah. Request approval code from the Medical Officer on-call.</p> <p>2. For patient with more than 2 previous records, attach old form. No sample required.</p> <p>3. For baby case (less than 4 months), request must be send together with mother's sample.</p>
Test Approval	Request approval code from the Medical Officer on-call for : * all urgent crossmatch * blood & blood products	Obtain approval code from the Medical Officer on-call.
Test Status (Active/Suspend/Discontinue/New)	Active	Active
Name of Laboratory	Clinical Transfusion Department	Clinical Transfusion Department
Location	Level 3, Hospital Tunku Azizah	Level 3, Hospital Tunku Azizah
Specimen Type	Whole blood	Whole blood
Container Type & Volume Required	EDTA *3-4ml (adult) *1-2ml (paediatric <4 months with mother sample) *2-3ml (paediatric <4 months if no mother's sample)	EDTA *3-4ml (adult) *1-2ml (paediatric <4 months with mother sample) *2-3ml (paediatric <4 months if no mother's sample)
Request Form	PER-SS-BT-105	PER-SS-BT-105
Test Method	Serology	Serology
Fee	This is an in-house service. No charges will be implicated for KKM hospital	This is an in-house service. No charges will be implicated for KKM hospital
Remark	* Send 10cc sample in EDTA and new request form for any ABO discrepancy/ crossmatching incompatibility /further testing. * Some further testing is send to MRIK. Result will be depend on MRIK LTAT.	* Send 10cc sample in EDTA and new request form for any ABO discrepancy. * Some further testing is send to MRIK. Result will be depend on MRIK LTAT.
LTAT (working day)	*2h (full crossmatch) *30 min (urgent) *1hour (GSH to GXM)	30 min
Report	Not applicable	Not applicable
Laboratory contact number	03-2600 3000 (Ext : 2129)	03-2600 3000 (Ext : 2129)
EQA Programme	NEQABB, RCPA	NEQABB, RCPA

Test Code	CTD-5	CTD-6
Test Group	Pre transfusion testing	Pre transfusion testing
Test Name	Antibody Identification	Direct Coombs test
Service Scope	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli
Test Nature (Single/Profile)	Profile	Profile
Measurand/Analyte/Organism/Gene	Detection of Auto & Allo Antibody	Detection of ABO incompatibility in Neonatal cases and antibodies cases in adult
Test description	Profile test : * ABO/RhD grouping, antibody screening, antibody identification, phenotype & DCT.	Profile test : * ABO/RhD grouping, antibody screening & DCT.
Special Procedure/ Instruction	<p>1. Antibody identification will be done depending on GSH & GXM antibody screening result.</p> <p>2. Request must be accompanied by : PER-SS-BT-105 or PDN/WI-21/01, ver 01 (depend on test requirement).</p>	<p>1. Blood group single test request may lead to extensive ABO/RhD confirmation.</p> <p>2. Blood group test request may be requested together with RhD phenotype . When requested together, the same sample will be used for all test, unless requested otherwise.</p> <p>3. All request must be accompanied by : PDN/WI-21/01, ver 01</p> <p>4. For urgent request, get approval from the Medical Officer on-call.</p>
Test Approval	None	None (For urgent request please call MO Oncall)
Test Status (Active/Suspend/Discontinue/New)	Active	Active
Name of Laboratory	Clinical Transfusion Department	Clinical Transfusion Department
Location	Level 3, Hospital Tunku Azizah	Level 3, Hospital Tunku Azizah
Specimen Type	Whole blood	Whole blood
Container Type & Volume Required	EDTA *10cc (adult) *5ml (paediatric >4 months)	EDTA *3-4ml (adult) *1-2ml (paediatric <4 months)
Request Form	PER-SS-BT-105 or PDN/WI-21/01, ver 01	PDN/WI-21/01, ver 01
Test Method	Serology	Serology
Fee	This is an in-house service. No charges will be implicated for KKM hospital	This is an in-house service. No charges will be implicated for KKM hospital
Remark	<p>* Any ABO discrepancy/ further testing is send to MRIK for confirmation. Send 10cc sample in EDTA and new request form (if necessary). Result will be depend on MRIK LTAT.</p> <p>* If antibody screening positive for GXM baby case (with mother sample), send 10cc mother sample in EDTA.</p>	Any ABO discrepancy/ further testing is send to MRIK for confirmation. Result will be depend on MRIK LTAT.
LTAT (working day)	Minimum – 2 hours Maximum – days (depending on complexity)	3 working days
Report	Not applicable	Please retrieve the report from blood bank by trace form.
Laboratory contact number	03-2600 3000 (Ext : 2129)	03-2600 3000 (Ext : 2129)
EQA Programme	NEQABB, RCPA	NEQABB, RCPA

Test Code	CTD-7	CTD-8
Test Group	Post transfusion testing	Post transfusion testing
Test Name	Adverse Transfusion Reaction	Crossmatching Safe O (uncrossmatch packed cell O)
Service Scope	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli	Hospital Kuala Lumpur, Hospital Tunku Azizah, Hospital Rehabilitasi Cheras & Hospital Orang Asli
Test Nature (Single/Profile)	Profile	Profile
Measurand/Analyte/Organism/Gene	Investigation of ABO incompatibility and antibodies	Detection of ABO incompatibility and antibodies after transfusion
Test description	Profile test : * ABO/Rh grouping, antibody screening, crossmatching, DCT and urine hemoglobin.	Profile test : * ABO/RhD grouping, antibody screening & crossmatching
Special Procedure/ Instruction	<p>1. Investigation includes testing on :</p> <p>a. Post-transfusion sample I (immediately)</p> <ul style="list-style-type: none"> * 10 ml of blood in EDTA bottle * 10 ml of urine for haemoglobinuria * used blood bag/components (with PPKD card) <p>b. Post-transfusion sample II (after 24 hours)</p> <ul style="list-style-type: none"> * 10 ml of blood in EDTA bottle * 10 ml of urine for haemoglobinuria <p>2. For baby case: * Post-transfusion sample I & II, urine (5ml) and mother sample.</p> <p>3. All request must be accompanied by : BTS/TR/2/2016</p>	<p>1. ABO/RhD blood grouping and antibody screening will be included. Depending on the initial findings, compatibility testing may involve ABO/RhD confirmation, antibody identification and phenotype.</p> <p>2. Send request as follow :</p> <ul style="list-style-type: none"> * Borang Permohonan Transfusi Darah form (PER-SS-BT 105) with a statement of "I am responsible for the transfusion of this Safe Group O". * Sample 3-4 ml in EDTA tube. * Used blood bag (with complete filled up PPKD card). * Blood segment for each bag. <p>3. Replace new unit of Safe O from blood bank.</p> <p>4. If the blood is unused, return the blood to bloodbank one week before the expiry DCT for replacement.</p>
Test Approval	None	None
Test Status (Active/Suspend/Discontinue/New)	Active	Active
Name of Laboratory	Clinical Transfusion Department	Clinical Transfusion Department
Location	Level 3, Hospital Tunku Azizah	Level 3, Hospital Tunku Azizah
Specimen Type	Whole blood	Whole blood
Container Type & Volume Required	* Refer specific procedure/ instruction	* Refer specific procedure/ instruction
Request Form	BTS/TR/2/2016	PER- SS BT-105
Test Method	Serology	Serology
Fee	This is an in-house service. No charges will be implicated for KKM hospital	This is an in-house service. No charges will be implicated for KKM hospital
Remark	Any ABO discrepancy/ further testing is send to MRIK for confirmation. Result will be depend on MRIK LTAT.	<p>1. Any ABO discrepancy/ further testing is send to MRIK for confirmation. Result will be depend on MRIK LTAT.</p> <p>2. Location Safe O :</p> <ul style="list-style-type: none"> *Resus ED-HKL (6 units) *NOT -HKL (4 units) *GOT -HKL (6 units) *Labour Room -HTA (6 units) *PICU -HTA (2 units) *Paed ED (2 units)
LTAT (working day)	10 days.	2 hours
Report	Please retrieve the report from blood bank pigeon hole (For HKL, result will be collected by porter).	Not applicable
Laboratory contact number	03-2600 3000 (Ext : 2129)	03-2600 3000 (Ext : 2129)
EQA Programme	NEQABB, RCPA	NEQABB, RCPA

Test Code	TML-1	TML-2
Test Group	Transfusion Microbiology	Transfusion Microbiology
Test Name	Molecular Screening	Molecular Screening-Discriminatory
Service Scope	Central Region Collection Centre (CRCC) and NAT Collection Centre (NCC)	Central Region Collection Centre (CRCC) and NAT Collection Centre (NCC)
Test Nature (Single/Profile)	Single	Single
Measurand/Analyte/Organism/Gene	Human immunodeficiency virus(HIV-1) & (HIV-2), Hepatitis B virus and Hepatitis C virus	Human immunodeficiency virus(HIV-1) & (HIV-2), Hepatitis B virus and Hepatitis C virus
Test description	To screen for human immunodeficiency virus type 1 (HIV-1) RNA and HIV 2 (HIV-2) RNA,Hepatitis C Virus (HCV) RNA, and Hepatitis B Virus (HBV) DNA in individual blood sample	Testing for individual identification on virus human immunodeficiency virus type 1 (HIV-1) and human immunodeficiency virus type 2 (HIV-2) RNA, hepatitis C virus (HCV) RNA and hepatitis B Virus (HBV) DNA in individual blood donor
Special Procedure / Instruction	Not Applicable	Not Applicable
Test Approval	Not Applicable	Not Applicable
Test Status (Active/Suspended/Discontinued/ New)	Active	Active
Name of Laboratory	Molecular Screening Section	Molecular Screening Section
Location	Pusat Darah Negara	Pusat Darah Negara
Specimen Type	Plasma	Plasma
Container Type & volume required	K ₂ EDTA with gel: 8ml	K ₂ EDTA with gel: 8ml
Request Form	Not Applicable	1. Borang Permohonan Ujian Nucleic Acid TestPDN/TPM/QP-02/22 Ver.01 2.Hospital referral form (whenever possible)
Test Method	Transcription Mediated Amplification	Transcription Mediated Amplification
Fee	Not Applicable	Not Applicable
Remark	Service only applicable for CRCC and NCC under MOH	Service only applicable for CRCC and NCC under MOH
LTAT (working day)	24 hours from sample received.	14 working days from sample received.
Report	• Via BBIS. For non BBIS hospital, report will be send by email.	• Via BBIS. For non BBIS hospital, report will be send by email.
Laboratory contact number	03-26132688 ext : 2645/2643	03-26132688 ext : 2645/2643
EQA Programme	EQAS Molecular (NRL)	EQAS Molecular (NRL)

Test Code	TML-3
Test Group	Transfusion Microbiology
Test Name	Serology Screening
Service Scope	Central Region Collection Centre (CRCC) and Serology Collection Centre (SRCC)
Test Nature (Single/Profile)	Single test
Measurand/Analyte/Organism/Gene	Hepatitis C virus, HIV virus, Hepatitis B virus and Syphilis
Test description	To screen antibody towards Hepatitis C, antigen/antibody towards HIV, Hepatitis B surface antigen and syphilis
Special Procedure / Instruction	Not Applicable
Test Approval	Not Applicable
Test Status (Active/	Active
Name of Laboratory	Serologi Screening Section
Location	Pusat Darah Negara
Specimen Type	Serum
Container Type & volume required	Serum separator tube :5 ml
Request Form	Not Applicable
Test Method	Chemiluminescent Microparticle Immunoassay (Ant-HCV,HIV Ag/Ab & HBsAg) Agglutination (Syphilis)
Fee	Not Applicable
Remark	Service on applicable for sample collected from CRCC and SCC under MOH
LTAT (working day)	24 hours from sample received.
Report	• Via BBIS. For non BBIS hospital, report will be send by email.
Laboratory contact number	03-26132688 ext 2633/2646
EQA Programme	NRL EQAS Serology NRL, NEQAS IMR HIV

Test Code	TML-4	TML-5
Test Group	Transfusion Microbiology	Transfusion Microbiology
Test Name	Human immunodeficiency virus Antigen/Antibody (HIV Ag/Ab)	Human immunodeficiency virus (HIV) Confirmatory test
Service Scope	National Referral Laboratory (Transfusion Microbiology) for reactive donors	National Referral Laboratory (Transfusion Microbiology) for reactive donors
Test Nature (Single/Profile)	Single	Single
Measurand/Analyte/Organism/Gene	HIV Ag/Ab	HIV 1 Ag (p31, gp160, p24 & gp41) & HIV 2 Ag (gp36, gp140)
Test description	Reactive Screened donors & Counseling cases (Donor Management)	Reactive Screened donors & Counseling cases (Donor Management)
Special Procedure / Instruction	Aliquot the serum/ plasma into plain tube, label with 2 unique identifications, send at 2-8°C.	Aliquot the serum/ plasma into plain tube, label with 2 unique identifications, send at 2-8°C.
Test Approval	Not Applicable	Not Applicable
Test Status (Active/ Suspended/Discontinued/ New)	Active	Active
Name of Laboratory	Makmal Rujukan Kebangsaan	Makmal Rujukan Kebangsaan
Location	Pusat Darah Negara	Pusat Darah Negara
Specimen Type	Serum/Plasma	Serum/Plasma
Container Type & volume required	1. Serum Separator Tube for Donation sample – 2 tubes (5 ml each). 2. Fresh bleed sample – 1 tube of serum or plasma in plain tube (min 1 ml) Samples must be send in 2- 8°C.	1. Serum Separator Tube for Donation sample – 2 tubes (5 ml each). 2. Fresh bleed sample – 1 tube of serum or plasma in plain tube (min 1 ml) Samples must be send in 2- 8°C.
Request Form	1. Request Form PER-PAT 301 2. MRK Dispatch Summary generated from BBIS	1. Request Form PER-PAT 301 2. MRK Dispatch Summary generated from BBIS
Test Method	Chemiluminescent Microparticle Immunoassay	Immunochromatographic
Fee	No charges	No charges
Remark	FOC as under Infectious disease Act	FOC as under Infectious disease Act
LTAT (working day)	14 days	14 days
Report	• Via BBIS. For non BBIS hospital, report will be send by email.	• Via BBIS. For non BBIS hospital, report will be send by email.
Laboratory contact number	03-26132688 ext : 5658/2628	03-26132688 ext : 5658/2628
EQA Programme	Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP)	Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP)

Test Code	TML-6	TML-7
Test Group	Transfusion Microbiology	Transfusion Microbiology
Test Name	Hepatitis B surface Antigen (HBsAg)	Anti Hepatitis B surface Antigen (Anti HBs)
Service Scope	National Referral Laboratory (Transfusion Microbiology) for reactive donors	National Referral Laboratory (Transfusion Microbiology) for reactive donors
Test Nature (Single/Profile)	Single	Single
Measurand/Analyte/Organism/Gene	HBsAg	Anti HBsAg
Test description	Reactive Screened donors & Counseling cases (Donor Management)	Reactive Screened donors & Counseling cases (Donor Management)
Special Procedure / Instruction	Aliquot the serum/ plasma into plain tube, label with 2 unique identifications, send at 2-8°C.	Aliquot the serum/ plasma into plain tube, label with 2 unique identifications, send at 2-8°C.
Test Approval	Not Applicable	Not Applicable
Test Status (Active/ Suspended/Discontinued/ New)	Active	Active
Name of Laboratory	Makmal Rujukan Kebangsaan	Makmal Rujukan Kebangsaan
Location	Pusat Darah Negara	Pusat Darah Negara
Specimen Type	Serum/Plasma	Serum/Plasma
Container Type & volume required	1. Serum Separator Tube for Donation sample – 2 tubes (5 ml each). 2. Fresh bleed sample – 1 tube of serum or plasma in plain tube (min 1 ml) Samples must be send in 2- 8°C.	1. Serum Separator Tube for Donation sample – 2 tubes (5 ml each). 2. Fresh bleed sample – 1 tube of serum or plasma in plain tube (min 1 ml) Samples must be send in 2- 8°C.
Request Form	1. Request Form PER-PAT 301 2. MRK Dispatch Summary generated from BBIS	1. Request Form PER-PAT 301 2. MRK Dispatch Summary generated from BBIS
Test Method	Chemiluminescent Microparticle Immunoassay	Chemiluminescent Microparticle Immunoassay
Fee	No charges	No charges
Remark	FOC as under Infectious disease Act	FOC as under Infectious disease Act
LTAT (working day)	14 days	14 days
Report	• Via BBIS. For non BBIS hospital, report will be send by email.	• Via BBIS. For non BBIS hospital, report will be send by email.
Laboratory contact number	03-26132688 ext : 5658/2628	03-26132688 ext : 5658/2628
EQA Programme	Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP)	Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP)

Test Code	TML-8	TML-9
Test Group	Transfusion Microbiology	Transfusion Microbiology
Test Name	Hepatitis B Confirmatory test (Neutralization)	Anti Hepatitis B Core
Service Scope	National Referral Laboratory (Transfusion Microbiology) for reactive donors	National Referral Laboratory (Transfusion Microbiology) for reactive donors
Test Nature (Single/Profile)	Single	Single
Measurand/Analyte/Organism/Gene	HBsAg	Anti HB Core
Test description	Reactive Screened donors & Counseling cases (Donor Management)	Reactive Screened donors & Counseling cases (Donor Management)
Special Procedure / Instruction	Aliquot the serum/ plasma into plain tube, label with 2 unique identifications, send at 2-8°C.	Aliquot the serum/ plasma into plain tube, label with 2 unique identifications, send at 2-8°C.
Test Approval	Not Applicable	Not Applicable
Test Status (Active/ Suspended/Discontinued/ New)	Active	Active
Name of Laboratory	Makmal Rujukan Kebangsaan	Makmal Rujukan Kebangsaan
Location	Pusat Darah Negara	Pusat Darah Negara
Specimen Type	Serum/Plasma	Serum/Plasma
Container Type & volume required	1. Serum Separator Tube for Donation sample – 2 tubes (5 ml each). 2. Fresh bleed sample – 1 tube of serum or plasma in plain tube (min 1 ml) Samples must be send in 2- 8°C.	1. Serum Separator Tube for Donation sample – 2 tubes (5 ml each). 2. Fresh bleed sample – 1 tube of serum or plasma in plain tube (min 1 ml) Samples must be send in 2- 8°C.
Request Form	1. Request Form PER-PAT 301 2. MRK Dispatch Summary generated from BBIS	1. Request Form PER-PAT 301 2. MRK Dispatch Summary generated from BBIS
Test Method	Chemiluminescent Microparticle Immunoassay	Chemiluminescent Microparticle Immunoassay
Fee	No charges	No charges
Remark	FOC as under Infectious disease Act	FOC as under Infectious disease Act
LTAT (working day)	14 days	14 days
Report	• Via BBIS. For non BBIS hospital, report will be send by email.	• Via BBIS. For non BBIS hospital, report will be send by email.
Laboratory contact number	03-26132688 ext : 5658/2628	03-26132688 ext : 5658/2628
EQA Programme	Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP)	Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP)

Test Code	TML-10	TML-11
Test Group	Transfusion Microbiology	Transfusion Microbiology
Test Name	Anti Hepatitis C Virus	Hepatitis C Virus Confirmatory test
Service Scope	National Referral Laboratory (Transfusion Microbiology) for reactive donors	National Referral Laboratory (Transfusion Microbiology) for reactive donors
Test Nature (Single/Profile)	Single	Single
Measurand/Analyte/Organism/Gene	Anti HCV	HCV Ag (E2,NS3,NS4,C1,C2)
Test description	Reactive Screened donors & Counseling cases (Donor Management)	Reactive Screened donors & Counseling cases (Donor Management)
Special Procedure / Instruction	Aliquot the serum/ plasma into plain tube, label with 2 unique identifications, send at 2-8°C.	Aliquot the serum/ plasma into plain tube, label with 2 unique identifications, send at 2-8°C.
Test Approval	Not Applicable	Not Applicable
Test Status (Active/ Suspended/Discontinued/ New)	Active	Active
Name of Laboratory	Makmal Rujukan Kebangsaan	Makmal Rujukan Kebangsaan
Location	Pusat Darah Negara	Pusat Darah Negara
Specimen Type	Serum/Plasma	Serum/Plasma
Container Type & volume required	1. Serum Separator Tube for Donation sample – 2 tubes (5 ml each). 2. Fresh bleed sample – 1 tube of serum or plasma in plain tube (min 1 ml) Samples must be send in 2- 8°C.	1. Serum Separator Tube for Donation sample – 2 tubes (5 ml each). 2. Fresh bleed sample – 1 tube of serum or plasma in plain tube (min 1 ml) Samples must be send in 2- 8°C.
Request Form	1. Request Form PER-PAT 301 2. MRK Dispatch Summary generated from BBIS	1. Request Form PER-PAT 301 2. MRK Dispatch Summary generated from BBIS
Test Method	Chemiluminescent Microparticle Immunoassay	Line Immunoassay
Fee	No charges	No charges
Remark	FOC as under Infectious disease Act	FOC as under Infectious disease Act
LTAT (working day)	14 days	14 days
Report	• Via BBIS. For non BBIS hospital, report will be send by email.	• Via BBIS. For non BBIS hospital, report will be send by email.
Laboratory contact number	03-26132688 ext : 5658/2628	03-26132688 ext : 5658/2628
EQA Programme	Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP)	Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP)

Test Code	TML-12	TML-13
Test Group	Transfusion Microbiology	Transfusion Microbiology
Test Name	Rapid Plasma Reagin (RPR)	Treponema Pallidum Particle Agglutination (TPPA)
Service Scope	National Referral Laboratory (Transfusion Microbiology) for reactive donors	National Referral Laboratory (Transfusion Microbiology) for reactive donors
Test Nature (Single/Profile)	Single	Single
Measurand/Analyte/Organism/Gene	Reagin(Ab against Syphilis)	Antibody to Treponema pallidum
Test description	Reactive Screened donors & Counseling cases (Donor Management)	Positive donors or donors with close contact with syphilis patient
Special Procedure / Instruction	Aliquot the serum/ plasma into plain tube, label with 2 unique identifications, send at 2-8°C.	Aliquot the serum/ plasma into plain tube, label with 2 unique identifications, send at 2-8°C.
Test Approval	Not Applicable	Not Applicable
Test Status (Active/ Suspended/Discontinued/ New)	Active	Active
Name of Laboratory	Makmal Rujukan Kebangsaan	Makmal Rujukan Kebangsaan
Location	Pusat Darah Negara	Pusat Darah Negara
Specimen Type	Serum/Plasma	Serum/Plasma
Container Type & volume required	1. Serum Separator Tube for Donation sample – 2 tubes (5 ml each). 2. Fresh bleed sample – 1 tube of serum or plasma in plain tube (min 1 ml) Samples must be send in 2- 8°C.	1. Serum Separator Tube for Donation sample – 2 tubes (5 ml each). 2. Fresh bleed sample – 1 tube of serum or plasma in plain tube (min 1 ml) Samples must be send in 2- 8°C.
Request Form	1. Request Form PER-PAT 301 2. MRK Dispatch Summary generated from BBIS	1. Request Form PER-PAT 301 2. MRK Dispatch Summary generated from BBIS
Test Method	Agglutination	Particle Agglutination
Fee	No charges	No charges
Remark	FOC as under Infectious disease Act	FOC as under Infectious disease Act
LTAT (working day)	14 days	14 days
Report	• Via BBIS. For non BBIS hospital, report will be send by email.	• Via BBIS. For non BBIS hospital, report will be send by email.
Laboratory contact number	03-26132688 ext : 5658/2628	03-26132688 ext : 5658/2628
EQA Programme	Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP)	Royal College of Pathologists of Australasia Quality Assurance Programs (RCPAQAP)