Deliver to: Parkway Laboratory Services Ltd
2 Aljunied Avenue 1, #04-11, Framework 2 Building, Singapore 389977
Tel: 6278 9188 Fax: 6248 5843 Email: pls.aa1@parkwaylabs.com.sg
This test is facilitated by Parkway Laboratory Services Ltd

Parkway Laboratories LUCENCE

Form A - Lucence**INSIGHT**™ Tests Order Form

PATIENT INFORMATION

Note: Patient sticker can be used to avoid duplicate entry

FULL NAME

DATE OF BIRTH | PATIENT ID / NRIC / FIN

GENDER ☐ Male ☐ Female | PHONE NO.

ADDRESS

ETHNICITY
☐ Chinese ☐ Malay ☐ Indian ☐ Others: _____

WARD & BED NO.

PATIENT CLINICAL INFORMATION

DOES PATIENT HAVE A PAST HISTORY OF CANCER?

☐ NO ☐ YES: _____

SPECIMEN INFORMATION

FOR OUTPATIENT LAB RECEPTION: ☐ HIGH-FALL RISK ☐ LOW-FALL RISK

Blood in 2 Streck Tubes (18mL total)

COLLECTION DATE AND TIME: BLOOD COLLECTED BY:

BLOOD COLLECTED AT *(please tick)*:
☐ IN-PATIENT HOSPITAL ☐ OUT-PATIENT LABORATORY ☐ CLINIC
☐ GEH ☐ MEH ☐ MNH ☐ PEH
☐ WARD *(please specify)*: _____

FOR LUCENCE'S LABORATORY USE

FOR PARKWAY LABORATORY SERVICES USE

PAYMENT *(please tick)*:

☐ INPATIENT (for Parkway Hospitals Only) Refer to CDM codes stated for billing
☐ BILL CLINIC (specify) ☐ PATIENT TO PAY ☐ OTHERS (specify)

PHYSICIAN INFORMATION

ORDERING PHYSICIAN NAME

CLINIC / HOSPITAL NAME, PHONE NO. AND ADDRESS (CLINIC STAMP MANDATORY)

EMAIL (FOR REPORT TO BE SENT TO)

REPORT LANGUAGE (SELECT ONE ONLY)
☐ ENGLISH ☐ TRADITIONAL CHINESE
☐ SIMPLIFIED CHINESE
Note: If unselected, default report language will be in ENGLISH.

TEST INFORMATION (Refer to Annex A for Gene List)

[SELECT ONE ONLY]

☐ Lucence**INSIGHT**™ **[12 Cancer Types]** — Turnaround time: 18 working days (Charge Code: GO INS Z)

☐ Lucence**INSIGHT**™ **PLUS** **[50 Cancer Types]** — Turnaround time: 12 working days (Charge Code: GO INSP Z)

Note: All report turnaround time is calculated upon sample receipt in Lucence lab in Singapore.

ORDERING PHYSICIAN'S SIGNATURE & DATE

I confirm that I have obtained the consent of the patient to: 1) perform the tests requested herein; 2) disclose his/her personal data stated herein to Parkway Laboratory Services Ltd ("PLS") and its Affiliates for (i) the purposes of carrying out of the tests requested and all other related matters before and after and (ii) for purposes stated in the Parkway Data Privacy Policy (available at https://www.parkwaypantai.com/privacy). The patient understands that the use, collection and disclosure of his/her personal data by PLS and its Affiliates shall be in accordance with the Parkway Data Privacy Policy. I acknowledge and agree that PLS may at any time, whether upon request from the patient or otherwise, disclose and release to the patient the patient's personal data, report and specimens. I indemnify PLS for any loss or damage which PLS and its Affiliates may suffer arising from or in connection with the release of the patient's personal data, report and specimens to the patient.

Note: We are not able to accept blood from patients with allogenic bone marrow transplants or blood transfusions less than 2 weeks prior to specimen collection. This test is NOT recommended for 1) patients in cancer remission for less than 3 years; 2) patients currently undergoing cancer treatment. This test reports variants that are considered somatic and excludes from reporting variants that are considered germline by laboratory and reporting processes.

The ordering physician undertakes that all necessary consents from the patient to whom the Personal Data relates either have been obtained, or at the time of disclosure will have been obtained, for Lucence's collection, use, disclosure, processing, and/or transfer of the Personal Data for the services specified in this form and that such consents are valid and have not been withdrawn. "Personal Data" means any data which can be used to identify an individual, either on its own or together with other data to which the ordering physician or Lucence have access. Please contact us at privacy@lucence.com or visit www.lucence.com/privacy for more details on Lucence's privacy policy.

The services provided by Lucence are subject to further terms and conditions found at www.lucence.com/order-terms, all of which are incorporated herein by this reference. Such terms and conditions may be changed from time to time. For customers with existing service agreements, the terms of such existing service agreement shall supersede.

Form A - Lucence**INSIGHT**™ Tests Order Form

Parkway Laboratories LUCENCE

LOCATION OF PARKWAY OUTPATIENT LABORATORIES (FOR BLOOD DRAW)

GLENEAGLES HOSPITAL ANNEXE BLOCK, #03-33, 6A NAPIER ROAD, S(258500) FAX: 65 6471 3394

GLENEAGLES HOSPITAL MEDICAL CENTRE, #02-01, 6A NAPIER ROAD,S(258500) FAX: 65 6471 3394

MOUNT ELIZABETH HOSPITAL MEDICAL CENTRE, 3 MOUNT ELIZABETH, #01-03 S(228510) FAX: 65 6887 3938

MOUNT ELIZABETH NOVENA HOSPITAL, #01-01, 38 IRRAWADDY ROAD, S(329563) FAX: 65 6933 0538

PARKWAY EAST HOSPITAL, 321, JOO CHIAT PLACE, LEVEL 2, S(427990) FAX: 65 6345 5053

FOR LUCENCE LABORATORY USE ONLY

RECEIVED DATE AND TIME	
LUCENCE STAFF INITIALS AND DATE	
TYPE OF TUBES:	VOL. OF BLOOD:
VOLUME OF PLASMA:	ORDER ID:
LUCENCE ID:	SECONDARY ID:

☐ SAMPLE ACCEPTED ☐ SAMPLE REJECTED

REASON: _____

CHANGES TO ORDERED TEST, PLEASE ATTACH PROOF OF REQUEST

DETAILS: _____

DATE AND TIME: _____

CHECKED BY:

DATE AND TIME:

Lucence Service Laboratory 211 Henderson Road #04-01/02, Henderson Industrial Park, Singapore 159552

System Document D 80037a Version 3.0 5 January 2024

Deliver to: Parkway Laboratory Services Ltd
2 Aljunied Avenue 1, #04-11, Framework 2 Building, Singapore 389977
Tel: 6278 9188 Fax: 6248 5843 Email: pls.arc@parkwaypantai.com
This test is facilitated by Parkway Laboratory Services Ltd

Form B - Informed Consent and Authorization Form for Lucence**INSIGHT**™ Tests

Instructions:

1. This form must be fully completed and signed by the patient.
2. If the patient is below 21 years old, has never been married and has sufficient capability to understand this procedure, this form should be signed by both the patient and the patient's parent/guardian. If the patient is below 21 years old, has never been married and does not have sufficient capability to understand this procedure, this form should be signed by the patient's parent/guardian.
3. If the patient is unable to give consent due to a lack of mental capacity, consent is required from either the appointed guardian (donee) or deputy who is duly authorised to give such consent; or where there is no appointed guardian (donee) or deputy, and in order of preference: the patient's spouse; adult son or daughter; either parent or guardian; an adult brother or sister; or any other person named by the patient as someone to be consulted on the matter in question or on matters of that kind.

GENERAL INFORMATION ABOUT MULTI-CANCER EARLY DETECTION TESTS

What is the purpose of the test?

Lucence Diagnostics Pte. Ltd.'s ("Lucence") multi-cancer early detection test (the "Test") analyzes the changes and alternations of your genes based on blood samples that you provide ("Sample Material"). This information may help guide the next steps of diagnosis. The Test will only assess the genetic profile of your Sample Material to determine the presence or absence of a cancer signal. The Test will not provide any general information relating to your overall health and it does not replace any cancer screening tests or diagnostic tests.

What does it involve?

A sample of your blood will be taken (as further set forth in this form) and sent to Lucence and/or Lucence's laboratory in the United States, where it will be examined for genomic alterations and other information. Utilizing data from the analysis, the Test reports a presence or absence of a cancer signal. A localization signal is also derived and used to predict up to 2 sites where the cancer signal might have originated from ("Predicted Signal Localization"). Lucence will then send your healthcare provider a detailed report. Your healthcare provider will work with you to evaluate the results alongside other information such as your medical history and results from other tests to determine what next steps are right for you.

What do the results mean?

- "Cancer Signal: Detected" is an indication that cancer-associated signals have been detected by the Test. The result will include up to 2 Predicted Signal Localization sites that highlight where the signal may have originated from. The sites covered in both LucenceINSIGHT™ and LucenceINSIGHT™ PLUS are Breast, Cervix, Colorectum, Gastrointestinal Tract, Liver, Lung, Nasopharynx, Pancreas and Prostate. The sites covered only in LucenceINSIGHT™ PLUS are Acute Myeloid Leukemia, Bladder, Endometrium, Eye, Head and Neck, Kidney, Lymphoplasmacytic Lymphoma, Myeloproliferative Neoplasm, Non-Hodgkin Lymphoma, Oropharynx, Skin and Stomach. This means that you may need to undergo additional confirmatory testing as recommended by your healthcare provider.
- "Cancer Signal: Not Detected" is an indication that no cancer signal has been detected by the Test at this time. This does not rule out the possibility of cancer, and you should continue to follow your healthcare provider's recommendations on routine cancer screening.

What are the potential risks and benefits of the screening?

- Risks: You may feel anxious and undergo more tests and procedures if you have a false-positive test result (one that suggests there is cancer when there is none). Such tests and procedures may be invasive and unnecessary. Conversely, with a false-negative result (one that suggests no cancer when there actually is), you may choose to ignore symptoms and delay treatment. Finding cancers early may also lead to overdiagnosis and overtreatment. You may possibly face genetic discrimination, which may have implications on employment and insurance.
- Benefits: Finding cancers early may increase the chances of recovery and survival, as early-stage cancers are easier to treat before they spread or before symptoms develop.

What are the risks and limitations of genetic analysis?

- Physical Risks: The Test can be administered via a blood sample (a "Blood Test"). When we run a Blood Test, a sample of your blood will be removed in a clinical setting by a trained healthcare professional, doctor, or nurse, using a needle. The risks associated with a Blood Test are minimal and include temporary discomfort, pain, bruising and, rarely, possible infection at the blood draw site.
- Additional Risks: The Test only studies the applicable Sample Material with respect to the specific cancers being screened for. The Test is not a diagnosis and does not screen for all genetic diseases or abnormalities. In addition, the accuracy of any genetic test, including the Test, is not guaranteed. All results of any Test and the implications of such results should be discussed with your healthcare provider.
- There are some possible causes of inaccurate or inconclusive results for the Test. These include: (1) Sampling problems, including freezing of Sample Material during shipping, or poor Sample Material quality. (2) Technical problems may include rare variation in the DNA of the individual. (3) Presence of mutations or genetic variations, which significance is not yet understood.

Withdrawal from testing

You may withdraw from the Test at any time, or choose not to learn of the results of your test. If the analysis is already underway, however, you will be charged a fee determined by Lucence, based on services provided and any amounts paid will not be refunded.

Management of results / Personal Data

1. Personal data means data, whether true or not, about an individual who can be identified from that data; or from that data and other information to which the organization has or is likely to have access ("Personal Data"). The Personal Data Lucence may, from time to time collect from you include your name, nationality, date of birth, sex, e-mail address, telephone number, mailing address, or passport number, your image (in the form of photographs), your medical history, patient history, allergy information, test results of genetic analysis, and any other medical and health records.
2. Lucence may collect, use, disclose, process, and transfer your Personal Data for the following purposes, but always in accordance with applicable laws and regulations:
   a. providing you with healthcare, diagnostic and other services of Lucence, its affiliates, partners and related companies and for its company processes;
   b. administrative purposes (e.g., processing orders; collecting payment; creation and maintenance of medical and business records; verifying identity and conducting screenings, due diligence and credit checks; responding to your queries; addressing claims or disputes; compliance with internal policies; and enforcing obligations to Lucence);
   c. business operations (e.g., compliance with regulatory obligations, accounting, audit and record keeping, planning, product monitoring/assessment, quality control, training, product testing/development); and/or
   d. research into new treatments and protocols (subject always to the applicable laws and codes of conduct).

3. The results of your Test, including your genetic data, will form part of your confidential medical records and Personal Data. These results will be accessible by your treating physician and his/her hospital or clinic, in addition to Lucence, and may be shared with other healthcare providers for medical treatment and healthcare purposes. Each of the foregoing parties has an obligation to keep your records confidential, in accordance with applicable laws and regulations.
4. Your Test results and clinical data may be added to and retained in databases for a reasonable period in accordance with Lucence's legal and business purposes, and subject to applicable laws and regulations.
5. Your Sample Material may be examined at the time of the Test or thereafter, possibly using new methods or technologies, for the purposes of running the ordered Test or for quality testing.
6. Lucence may de-identify your genetic information and results and use or disclose such de-identified genetic information/ results for future research. You agree that Lucence may retain this de-identified information for future research purposes. You understand that this information will be de-identified in a manner that meets de-identification standards under the United States *Health Information Portability and Accountability Act of 1996*, the Singapore *Personal Data Protection Act 2012*, the Hong Kong *Personal Data (Privacy) Ordinance (Cap 486)* and local data protection laws, as applicable.
7. You understand and agree that Lucence will not re-identify you and notify you in the case of any incidental findings, i.e., non-intended findings that arise and are outside the original purpose for which the Test was conducted.
8. You may, at any time, correct or, have access to your Personal Data, and/or withdraw your consent to any of the above uses of your Personal Data by Lucence (except to the extent that Lucence has already taken action in reliance on your consent). We may charge a reasonable fee for the processing of a request for access to Personal Data.

If you wish to access or correct your Personal Data, please contact us at privacy@lucence.com or visit www.lucence.com/privacy for more details on Lucence's data use practices.

9. On the understanding that you may withdraw consent at any time by checking the box below, or contacting support.asean@lucence.com:
   a. you agree that your genetic information and individually-identifiable data may be used for future research purposes. However, once your genetic information and results have been de-identified such that Lucence is not able to identify you or determine or re-identify which genetic information and results relate to you, you understand that you will no longer be able to withdraw consent to Lucence's future use or disclosure of such de-identified data.

      Risks and benefits of future research
      Once the de-identified data has been shared with other parties, you will not have full control over how such de-identified data may be used. Future research may not directly benefit you, but there could be a benefit to society as it advances new detection methods and treatments for cancer.

   b. you hereby assign leftover Sample Material, if any, that is not used for the Test to Lucence for Lucence's and its affiliates' use, including for research. Lucence will endeavor to utilize an appropriate amount of Sample Material for the Test. Lucence will store your leftover Sample Material, in accordance with applicable laws and regulations.

   c. you renounce any rights to your Sample Material and assign to Lucence any intellectual property rights that may be derived from the use of your Sample Material, whether so derived now or in the future.

☐ **I want to opt out of this Section 9.**
Note: This checkbox is OPTIONAL and Lucence will still be able to run the Test(s) even if you leave this box unchecked.

PATIENT'S RESPONSE

I understand that my physician ordered the Test(s), which includes genetic testing on my behalf.

I hereby declare and confirm that I have been given adequate explanation with respect to the contents of this form, which has been fully explained to me in _____(language), and have fully understood the contents of this form.

I understand that the turnaround time given for the Test(s) is an indicative guide only. As the performance of the Test(s) may require the input of third parties and involve factors that are not within Lucence's control, I understand that Lucence is unable to guarantee the turnaround time. However, Lucence shall keep my physician informed in the event of unusual delays in providing the Test(s) results and my physician shall have the duty to communicate such information to me.

I agree that I shall not hold Lucence liable for any loss of profits, indirect, consequential or special damages which I may suffer or incur in connection with this Test, including but not limited to any delays in the delivery of the Test(s) results or any information provided to me by my physician in reliance on the results of the Test(s). Liability for personal injury or death are not excluded.

By signing this form, I consent to the above terms, except where I have specifically indicated that I do not consent to a term.

Patient's Name _____ Patient's Signature _____ Date _____

Witness is required if language above is not English:

Witness's Name _____ Witness's Signature _____ Date _____

If the patient is unable to give consent:

Parent/ Guardian's Name _____ Parent/ Guardian's Signature _____ Date _____

PHYSICIAN'S STATEMENT

I have explained the above information to this individual. I have addressed the limitations outlined above, and I have answered this person's questions.

Physician's Name _____ Physician's Signature _____ Date _____

Lucence Service Laboratory 211 Henderson Road #04-01/02, Henderson Industrial Park, Singapore 159552

System Document D 80037b Version 3.0 5 January 2024

Lucence**INSIGHT**™

Genes

ACVR2A	*BMPR2*	*CDKN1B*	*ESR1*	*IDH2*	*MTOR*	*PPP2R1A*	*SPOP*
ADGRG6	*BRAF*	*CDKN2A*	*FBXW7*	*JAK1*	*MYC*	*PTEN*	*STK11*
AKT1	*BRCA1*	*CREBBP*	*FGFR1*	*KEAP1*	*NF1*	*PTPN11*	*TCF7L2*
ALK	*BRCA2*	*CTCF*	*FGFR2*	*KIT*	*NFE2L2*	*RET*	*TERT Promoter*
AMER1	*CASP8*	*CTNNB1*	*FGFR3*	*KRAS*	*NOTCH1*	*RHOA*	*TGFBR2*
APC	*CBFB*	*DICER1*	*FGFR4*	*MAP2K1 (MEK1)*	*NRAS*	*RIT1*	*TP53*
AR	*CCND1*	*EGFR*	*FOXA1*	*MAPK1 (ERK2)*	*PCBP1*	*RNF43*	*U2AF1*
ARID1A	*CCR4*	*EP300*	*GATA3*	*MED12*	*PDGFRA*	*RPL22*	
ATM	*CDC27*	*ERBB2 (HER2)*	*GNAS*	*MEN1*	*PIK3CA*	*SMAD4*	
B2M	*CDH1*	*ERBB3*	*HRAS*	*MET*	*PIK3R1*	*SMARCB1*	
BCOR	*CDKN1A*	*ERCC2*	*IDH1*	*MSH6*	*POLE*	*SMO*	

Viruses

Epstein-Barr Virus (EBV)

Human Papillomavirus (HPV) 20 Genotypes including 16 and 18

Lucence**INSIGHT**™ **PLUS**

Genes

ABL1	*BRCA2*	*CTCF*	*FGFR3*	*JAK1*	*MYCN*	*PPP2R1A*	*SMO*
ACVR2A	*BTG1*	*CTNNB1*	*FGFR4*	*JAK2*	*MYD88*	*PTEN*	*SOCS1*
ADGRG6	*BTG2*	*CXCR4*	*FLT3*	*JAK3*	*MYOD1*	*PTPN11*	*SPOP*
AKT1	*CALR*	*DICER1*	*FOXA1*	*KEAP1*	*NF1*	*RAC1*	*SRSF2*
ALK	*CASP8*	*DNMT3A*	*FOXL2*	*KIT*	*NFE2L2*	*RET*	*STAG2*
AMER1	*CBFB*	*DROSHA*	*FOXO1*	*KRAS*	*NOTCH1*	*RHOA*	*STAT3*
APC	*CCND1*	*EGFR*	*GATA2*	*MAP2K1 (MEK1)*	*NOTCH2*	*RIT1*	*STAT5B*
AR	*CCR4*	*EP300*	*GATA3*	*MAPK1 (ERK2)*	*NPM1*	*RNF43*	*STK11*
ARID1A	*CD79B*	*ERBB2 (HER2)*	*GNA11*	*MED12*	*NRAS*	*RPL22*	*TCF7L2*
ASXL1	*CDC27*	*ERBB3*	*GNAQ*	*MEN1*	*PCBP1*	*RPS27*	*TERT Promoter*
ATM	*CDH1*	*ERCC2*	*GNAS*	*MET*	*PDGFRA*	*RUNX1*	*TGFBR2*
B2M	*CDKN1A*	*ESR1*	*HRAS*	*MPL*	*PIK3CA*	*SETBP1*	*TP53*
BCOR	*CDKN1B*	*EZH2*	*ID3*	*MRPS31*	*PIK3R1*	*SF3B1*	*U2AF1*
BMPR2	*CDKN2A*	*FBXW7*	*IDH1*	*MSH6*	*PLCG1*	*SGK1*	*VHL*
BRAF	*CIC*	*FGFR1*	*IDH2*	*MTOR*	*POLE*	*SMAD4*	*WT1*
BRCA1	*CREBBP*	*FGFR2*	*IKZF3*	*MYC*	*PPM1D*	*SMARCB1*	

Viruses

Epstein-Barr Virus (EBV)

Human Papillomavirus (HPV) 20 Genotypes including 16 and 18

Customer support: +65 6592 5102 | sales.asean@lucence.com

lucence.com

Lucence Service Laboratory 211 Henderson Road #04-01/02, Henderson Industrial Park, Singapore 159552

System Document D 80035c Version 4.0 8 January 2024

Blood Sample Collection Instructions (18mL)
(For Sample Submission to Parkway Laboratory Services)

Parkway Laboratories LUCENCE

IMPORTANT NOTE:

1. Use the **Streck** tubes provided inside **Lucence Blood Collection kits**.
2. Blood collection may be performed from Monday to Saturday.
3. Improper handling of samples will result in inaccurate analysis of cell-free DNA. It is critical to follow the instructions below to avoid releasing of unwanted cellular DNA into the sample.
4. Ensure patient has signed the consent form (Form B).

NOTE: TO CLINICS/WARDS: Please obtain Lucence kit from respective Parkway Hospitals' outpatient laboratory.

STEP 1. CHECKING OF TUBES

Check the Streck tubes provided in Lucence Blood Collection kit to confirm liquid is clear without cloudiness or precipitate. Ensure tubes have not expired.

STEP 2. CHECKING OF PATIENT'S IDENTIFIERS

Label Streck tubes with patient's full name and identity number.

STEP 3. COLLECTION OF SPECIMEN

Collect whole blood from patient.

- In 2 Streck Tubes (9mL each, total 18mL).
- Please ensure the minimum volume and sample quality is met. Otherwise sample will be rejected by Lucence.

STEP 4. MIX THE TUBES GENTLY

Mix the tubes immediately by gently inverting 8-10 times after removing from adapter. Inadequate or delayed mixing may result in inaccurate test results.

STEP 5. PREPARING SPECIMEN COLLECTION KIT

Place Blood Tubes, Test Order Form (Form A) and Patient Consent Form (Form B), copies of pathology reports and records, and/or other clinical documentation into the box. Ensure Forms A and B are completed and signed.

Confirm each Streck tube is adequately labelled with the patient's full name and identity number.

STEP 6. NOTIFYING PARKWAY LABORATORY SERVICE OF SAMPLE COLLECTION

Blood samples may be collected between Monday – Saturday. All samples collected on FRI, SAT and EVE of public holidays samples however, must be *notified in time for collection or sent to Parkway Laboratory Services within the same day in order to send out to Lucence Laboratory on our next working day.

KEEP THE TUBES AT ROOM TEMPERATURE (range 20-30 °C) till pick-up. Do **NOT** freeze or refrigerate.

Note: The turnround time (TAT) is calculated from the time that the sample reaches Lucence Lab.

STEP 7. PHLEBOTOMY SERVICES AND SAMPLE COLLECTION

Please call promptly for collection as soon as the sample is ready.

A. For Specialist Clinics at Parkway Hospitals:

MONDAY-SATURDAY: For phlebotomy service and specimen collection, please contact:

i) Plexus

ii) PLS Call Centre, **6278 9188**

NOTE: Please follow respective hospital outpatient laboratory's cut-off (latest) time to call for phlebotomy and sample collection services. There is no collection on Sundays and Public Holidays.

B. For Wards at Parkway Hospitals:

MONDAY-SATURDAY: Please obtain kit from respective hospitals' Outpatient Laboratory during office hours. The patient's blood tubes together with the kit should be delivered back to the Outpatient Laboratory after the necessary forms and signatories have been collected.

C. For Specialist Clinics outside Parkway Hospitals:

Call PLS Call Centre **6278 9188** during office hours. Cut off (latest) timings to call for sample collection for same day pick-up are:

- MONDAY-FRIDAY: 4.30pm (or provide 45 mins notice if clinic closes early)
- SATURDAY: 12.00pm (or provide 45 mins notice if clinic closes early)

NOTE: There is no collection on Sunday and Public Holiday

STEP 8. DELIVERY OF SAMPLES

For samples from specialist clinics and wards located at or near Parkway hospitals, please deliver to the respective hospital outpatient laboratory. These samples will be delivered to Parkway Laboratory Services Ltd at 2 Aljunied Avenue 1, #04-11, Framework 2 Building, Singapore 389977.

For samples from other specialist clinics away from Parkway hospitals, please deliver to Parkway Laboratory Services Ltd at 2 Aljunied Avenue 1, #04-11, Framework 2 Building, Singapore 389977.

Pricing Enquiries: +65 6278 9188 | +65 9710 4015 | pls.arc@parkwaypantai.com
Test Enquiries: +65 6592 5102 | sales.asean@lucence.com
lucence.com

Lucence Service Laboratory 211 Henderson Road #04-01/02, Henderson Industrial Park, Singapore 159552

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