



College of Pathologists,  
Academy of Medicine Malaysia

# LABQAS

Laboratory Quality Assurance Scheme



Malaysian Institute of  
Medical Laboratory Sciences  
254676-P

MIMLS-LABQAS, c/o Academy of Medicine of Malaysia, Unit 3.8, Level 3, Medical Academies of Malaysia, No 5, Jalan Kepimpinan P8H,  
Presint 8, 62250 Putrajaya, WILAYAH PERSEKUTUAN PUTRAJAYA Email: [labgasexec@gmail.com](mailto:labgasexec@gmail.com)

## 2025 SUBSCRIPTION FORM

Name of Laboratory: ..... Lab Code (Assigned by LABQAS) .....

Correspondence Address: .....

Contact Person: ..... Post held: .....

Tel: ..... H/P ..... Fax: .....

E-mail: ..... Date: .....

No.	Code	Tests	Frequency	Annual Fee (per 4 cycles)	Tick (√)
1	BBG	ABO & Rh Grouping	Quarterly	RM 900.00	
2	VD	VDRL	Quarterly	RM 900.00	
3	VS	HBsAg	Quarterly	RM 900.00	
4	UA&PT	Urinalysis & UPT	Quarterly	RM 900.00	
5	HM	Malaria	Quarterly	RM 900.00	
6	FW	All of The Above Tests	As Above	RM 4,500.00	
Total:					

SIGNATURE :

COMPANY COP:

..... )  
(Name: )  
(Position: )

**SUBMIT LATEST BY: 20 November 2024**

**Kindly remit your payment ASAP together with your Subscription Form:**

Payment should be made in the form of a **cheque OR direct bank payment**. Please note that **if payment is by direct bank transfer, it is IMPORTANT to forward us the payment details (BANK PAYMENT SLIP or TRANSACTION ACKNOWLEDGEMENT) for our reference.**

Our bank details are as below.

**Account:** Malaysian Institute of Medical Laboratory Sciences-LABQAS

**Bank:** Malayan Banking Bhd, PJ Main

**Account:** 514169433601

**Enquiries:** Ms. Susan Eng

**Tel:** 012-7370648

**Email:** [labgasexec@gmail.com](mailto:labgasexec@gmail.com)

### FOR OFFICE USE ONLY

Laboratory Code: .....

Cycles: No. .... to No. ....

Amount: .....

Cheque No.: .....

Date Received: .....