Blood Sciences - GP Request Form (form to be used when tQuest unavailable) Enquir	ries - Tel 0161 419 5626 / 5206 Stockpor	t
Patient Details (*Indicates mandatory field)		FOR LABORATORY USE ONLY
Surname*	NHS No.*	
D.O.B.* Sex* M F	District / Hospital No.	Location* Requesting Doctor* (Print Name)
Address	Sample Time	Contact Telephone No. / Bleep*
Tel No.	Sample Date Sample acceptance policy will be strictly applied	Sample Collected by* (Print Name)
BLOOD SCIENCES TESTS	CLINICAL DETAILS	
Yellow Top (Serum) Electrolytes Liver Profile Lipids Thyroid profile Purple Top FBC Blue Top PT / INR	Include relevant clinical information for requested Circle fasting status: YES or NO	tests
Calcium profile Red Top B12 / Folate HbA1c Ferritin Plain Urine Tube	ADDITIONAL TEST REQUESTS (Inclu	ding Immunology)
CRP Urine Microalbumin		