

Patient Details (*Indicates mandatory field)

Surname*

NHS No.*

Forename*

District No.

D.O.B.* Sex* M F

Hospital No.

Address

Tel No.*

FOR LABORATORY USE ONLY

Requesting Doctor* (Print Name)

Sample Collected by* (Signature)

Location*

Contact Telephone No. / Bleep*

HAEMATOLOGY

- FBC
- ESR (*Black top*)
- IM Screen
- B12 / Folate
- Ferritin
- Haemoglobinopathy Screen
- PT / INR (*Blue top*)
- APTT (*Blue top*)

Blood Transfusion

Use blood transfusion request form for blood grouping & blood products request.

BIOCHEMISTRY

- Random Plasma Glucose
- Fasting Plasma Glucose
- Electrolytes
- Liver Profile
- Lipid Fasting
- Lipid Non-fasting
- TSH (Monitoring T4 Rx)
- Thyroid function
- HbA1c (*Red top*)
- Urine Microalbumin
- _____

CLINICAL DETAILS

Please include all relevant clinical information

ADDITIONAL REQUESTS (Including Immunology)

Sample Time

Sample Date

Sample acceptance policy will be strictly applied