

**HAVE YOU LABELLED THE SAMPLE?
THIS BAG - HAEMATOLOGY ONLY**

**NECESSARY FOR
TELEPHONING
ABNORMAL
RESULTS
OUTSIDE
OF PRACTICE
HOURS**

**PLEASE SEND
SEPARATE
SAMPLES FOR
EACH LABORATORY**

**HAEMATOLOGY
in FRONT BAG**

**BIOCHEMISTRY
and/or
IMMUNOLOGY
in REAR BAG**

**USE A
SEPARATE FORM
FOR
MICROBIOLOGY/
VIROLOGY
OR
HISTOPATHOLOGY
and insert in
EITHER BAG**

JB-30032P

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NHS No.																		
Surname																		
Forename(s)																		
D.o.B.	D	D	M	M	Y	Y	Y	Y	Sex	M	F							
Patient Address																		
Tel.																		
Clinical Details <i>(please include relevant drug therapy dose/time)</i>																		
Sample Date	/	/	Sample Time	am/pm	Signature													

NEWCASTLE UPON TYNE HOSPITALS Tel: (0191) 223 1505

PILOT

Cat.II/Private

BIOCHEMISTRY

U/E Random Glucose
 Bone Profile Fasting Glucose
 Liver Profile HbA1c
 Gamma GT FSH
 Cholesterol Ferritin
 Non-fast Lipids Urine Microalbumin
 Fasting Lipids Urine Preg. Test

Others *(please specify)*: _____

THYROID FUNCTION (tick ONE)

Suspected HYPERthyroid (TF1)
 HYPERthyroid, on Rx (TF2)
 Suspected HYPOthyroid (TF3)
 HYPOthyroid, on Thyroxine (TF4)
 Other reason *(please specify)* (TF5)

HAEMATOLOGY

FBC INR (Warfarin Control)
 ESR Coagulation Screen
 B12/Folate Thrombophilia Screen
 Glandular Fever Screen
 Haemoglobinopathy Screen

Others *(please specify)*: _____

IMMUNOLOGY

Ig Profile Rheumatoid Factor
 Autoantibody Screen
 Others *(please specify)*

MICROBIOLOGY/VIROLOGY

Antibiotics (please state):

 Past Current Intended

Specimen Type:

Culture and Sensitivity AFB/TB
 Chlamydia H.pylori Abs

Others *(please specify)*: _____

HISTOPATHOLOGY

Histology
 Site of Specimen: _____