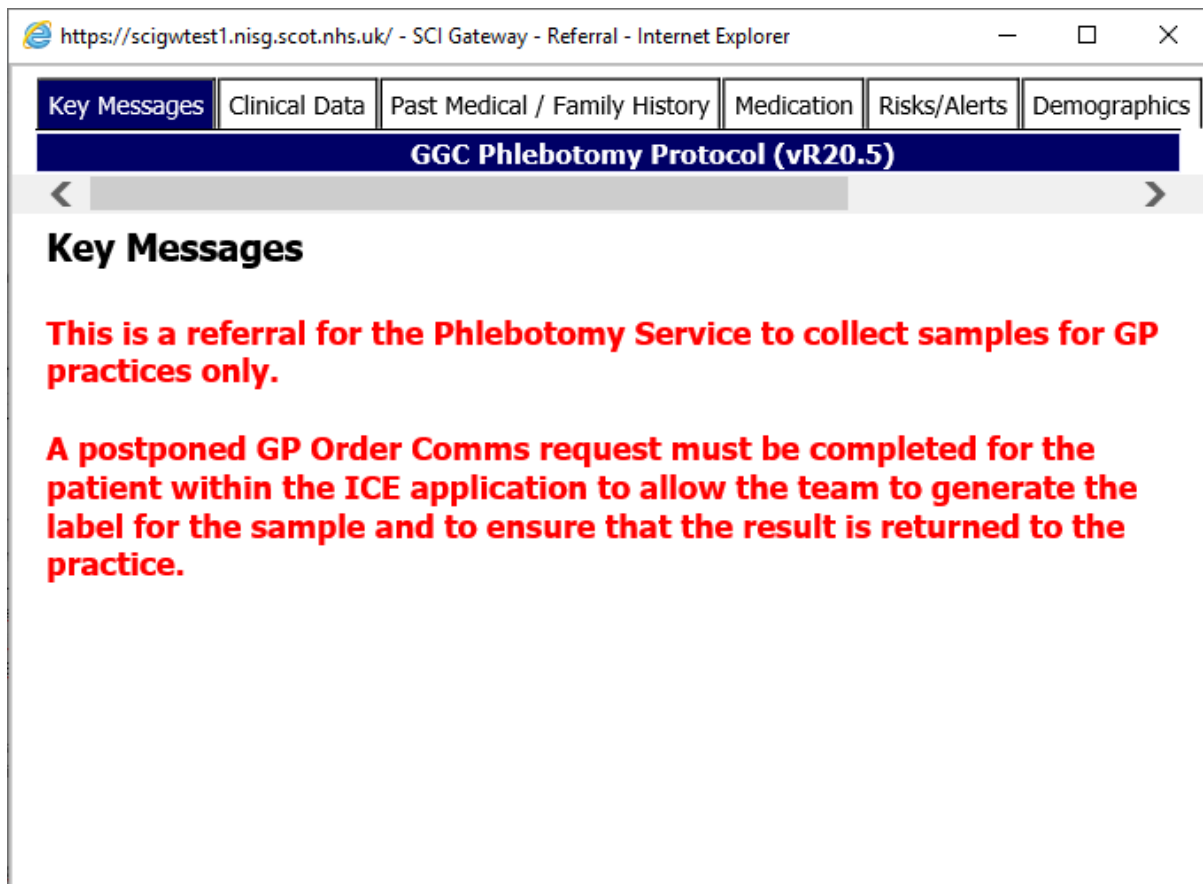# GGC Phlebotomy Service

The Glasgow City HSCP Phlebotomy Serivce is running a test of change within the South area of the city for SCI gateway referrals.

We are inviting all South GPs to participate in this trial with staff allocating patients into South clinics only. As we progress this may be extended to allow patients access to any clinic in the city: this will depend on appointment availability. We will continue to expand access and will keep you informed of any developments as we open access to all GPs and increase clinic capacity.

Domiciliary requests will be completed for patients who reside within the Glasgow City boundary only. Patients must be aged 5 and over and we cannot see patients who require bloods for cross matching.

Please ensure that all blood requests are on GP Order comms before submitting a referral through SCI Gateway

1. **Choose Referral for Phlebotomy -** Requests must be for phelbotomy only no other intervention will be carried out.

2. **You are asked to identify the reason for the intervention by ticking the appropriate box**

3. **You MUST identify type of visits required. Only choose domiciliary visits if patient is housebound. Phlebotomy Service will only visits patients who reside within the Glasgow city boundary. If out with Glasgow City boundary please submit a request to the District Nursing Services.**

Priority Reason

Please Select priority and enter a priority reason if applicable

| Priority* | Please select |
| Routine |
Priority Reason	Urgent
Date of Onset	
Unique Care Pathway Number*	1ZZ004642589D

4. Urgent blood requests must be submitted before 11am to be seen same day for domiciliary appointments. No same day requests will be accepted for clinic slots due to capacity issues.

Routine bloods will allocated the first available appointment.

Patient Demographics

Surname*		Forename*	
Title*		Previous Surname	
Home Address*		Alternative Address	
Post Code*		Alternative Postcode	
Phone Number		Mobile Number	
Sex*	◯ Male ◯ Female	OK to send correspondence to home address?	◉ Yes ◯ No
Marital Status	(Not Known)	Email Address	
Date of Birth*		CHI Number		Health Board*	(Not Known)

5. CHI above is non-mandatory to allow referrals for patients where a CHI is not known – if a CHI is contained, it will be provided.

Staff will contact patient to schedule either a clinic or domiciliary visit.