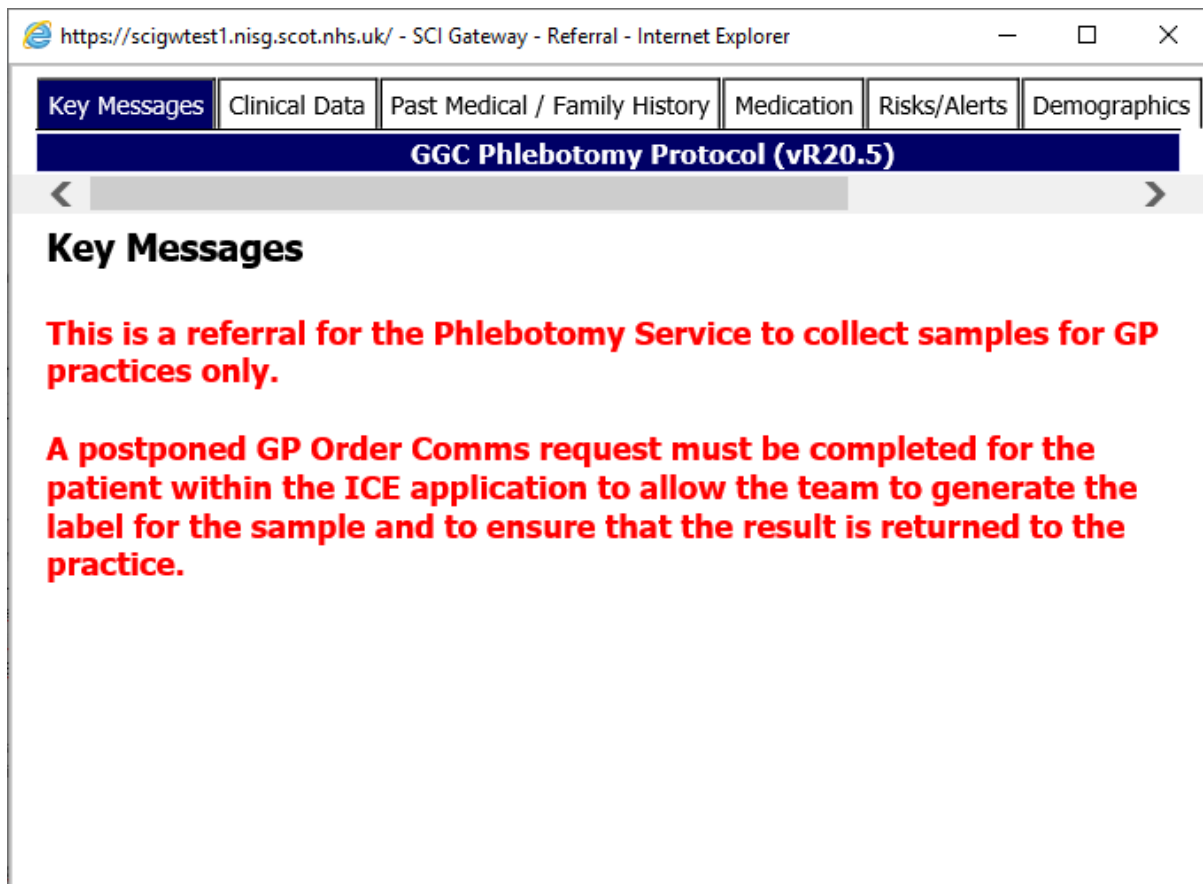


GGC Phlebotomy Service

The Glasgow City HSCP Phlebotomy Service 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.



https://scigwtest1.nisg.scot.nhs.uk/ - SCI Gateway - Referral - Internet Explorer

Key Messages Clinical Data Past Medical / Family History Medication Risks/Alerts Demographics

GGC Phlebotomy Protocol (vR20.5)

Key Messages

This is a referral for the Phlebotomy Service to collect samples for GP practices only.

A postponed GP Order Comms request must be completed for the patient within the ICE application to allow the team to generate the label for the sample and to ensure that the result is returned to the practice.

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

| | | | | | | | |
|--------------|---------------|-------------------------------|------------|--------------|--------------|----------|--------------------------|
| Key Messages | Clinical Data | Past Medical / Family History | Medication | Risks/Alerts | Demographics | Referral | Additional Support Needs |
|--------------|---------------|-------------------------------|------------|--------------|--------------|----------|--------------------------|

GGC Phlebotomy Protocol (vR20.5)

Main Presenting Complaint (maximum of 98 characters)

Provisional Diagnosis / Presenting Complaint* Referral for Phlebotomy ABC ✓

Please use this area to add any further information that is relevant to this referral.

Additional free-text Information ABC ✓

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

Reason for Referral

Pre-clinic

Chronic Disease Management

Diagnostics

DMARDs

Pre-chemo

Other

If Other - Please specify ^
v

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

| | | | | |
|--------------|---------------|--------------|----------|--------------------------|
| Key Messages | Clinical Data | Demographics | Referral | Additional Support Needs |
|--------------|---------------|--------------|----------|--------------------------|

GGC Phlebotomy Protocol (vR20.5)

Referral

Referral Classification

Date of Referral* 10-Sep-2020 Nature of Request* (Not Specified) Electronic Attachment Present* No

Referral Type* Please select Referred By* Referring GP

Out Patient
Domiciliary Visit

- 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* | <input type="text" value="Please select"/> |
| Priority Reason | <input type="text" value="Routine"/> <input type="text" value="Urgent"/> |
| Date of Onset | <input type="text"/> |
| Unique Care Pathway Number* | <input type="text" value="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 be allocated the first available appointment.

| Patient Demographics | | | |
|----------------------|--|--|--|
| Surname* | <input type="text"/> | Forename* | <input type="text"/> |
| Title* | <input type="text"/> | Previous Surname | <input type="text"/> |
| Home Address* | <input type="text"/> | Alternative Address | <input type="text"/> |
| Post Code* | <input type="text"/> | Alternative Postcode | <input type="text"/> |
| Phone Number | <input type="text"/> | Mobile Number | <input type="text"/> |
| Sex* | <input type="radio"/> Male <input type="radio"/> Female | OK to send correspondence to home address? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Marital Status | <input type="text" value="(Not Known)"/> | Email Address | <input type="text"/> |
| Date of Birth* | <input type="text"/> | CHI Number | <input type="text"/> |
| | | Health Board* | <input type="text" value="(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.