NHS GG & C **BIOCHEMISTRY & HAEMATOLOGY REQUEST FORM**



Please affix addressograph label below CHI NUMBER: SURNAME: FORENAME: D.O.B. SEX: M F Preg. ADDRESS: GP: GP PRACT No: Specimen taken by: Specimen Blood Urine Faeces			Provisional Diagnosis & Clinical Summary: (*inc. therapy) Is patient fasting? Yes Is patient on thyroxine? Yes *for drug assays please include date and time of last dose Drug: Dose: Date/Time:				
				*for urine assays please provide collection period			
Date:	Time (24hr clock):	HIGH RISK?			se:	Date/Time:	
			Drug:	Do	oc.	Date/ fille.	
U&E	Please tick boxes	GEL TUBE for required tests	(OCHRE)				
LFT							
BONE							
OTHER GEL TUBE (OCHRE) TEST			JBE (GREY)		USE	ONLY	
GLUCOSE	Please tick boxes		DE (GILLI)				
OTHER FLUORIDE TU	BE (GREY) TEST	EDTA TUBE	(DIIDDIE)	LAB	USE	ONLY	
FBC	Please tick boxes		(FURFLE)				
ESR							
GFST				LAB	USE	ONLY	
OTHER EDTA TUBE (PURPLE) TEST							
		CITRATE TU	BE (BLUE)				
COAG SCREEN	Please tick boxes	for required tests					
INR				1 A D	LICE		
OTHER CITRATE TUBE (BLUE) TEST				LAB	USE	ONLY	
OTHER SAMPLE TYPE OTHER SAMPLE TYPE TESTS							
				LAB	USE	ONLY	