



NHS GG & C BIOCHEMISTRY REQUEST FORM

Please affix addressograph label below

CHI NUMBER: _____
 SURNAME: _____
 FORENAME: _____
 D.O.B. _____ SEX: M F Preg.
 ADDRESS: _____

Provisional Diagnosis & Clinical Summary:
 (*inc. therapy)

Is patient fasting? Y/N
 Is patient on Thyroxine? Y/N

CONSULTANT/GP: _____
 HOSPITAL/GP PRACTICE: _____ WARD: _____
 Specimen taken by: _____

For Therapeutic drug monitoring:

Drug: _____

Date: _____ Time: _____ HIGH RISK?

Hours since last dose: _____

GEL TUBE (OCHRE)

OTHER SERUM TUBE TESTS

Urea / Creat / Electrolytes	
Liver Profile	
Calcium / Bone Profile	
Lipid Profile (chol & trig)	
? Ovulating (day 21 progesterone)	
? Menopause	

LAB USE ONLY

FLUORIDE TUBE (GREY)

OTHER FLUORIDE TUBE TESTS

Glucose _____

LAB USE ONLY

EDTA TUBE (PURPLE)

EDTA TUBE TESTS

HbA1c _____

LAB USE ONLY

URINE SAMPLE

URINE TESTS

Please select collection period:

Random:	
24 hr:	

LAB USE ONLY

OTHER SAMPLE TYPE - PLEASE SPECIFY

Sample Type: _____

OTHER SAMPLE TYPE TESTS

LAB USE ONLY