

REMOVE PROTECTIVE STRIP
FOLD FLAP ONTO BAG
AND SEAL FIRMLY



Royal United Hospitals NHS Foundation Trust

PATHOLOGY DEPT 01225 824700

BIOCHEMISTRY, HAEMATOTOLOGY & IMMUNOLOGY

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

PLEASE NOTE SHADED FIELDS ARE MANDATORY

HOSPITAL / UNIT NUMBER

NHS NUMBER

SURNAME

FORENAME

DATE OF BIRTH (dd mm yyyy)

SEX M ☐ F ☐

DOCTOR/CONSULTANT CODE

LOCATION CODE

ADDITIONAL COPY TO:

PATIENT'S ADDRESS & POSTCODE

Post Code

CLINICAL DETAILS *

INCLUDE RELEVANT DRUG THERAPY, OPERATIONS, ETC.

SPECIMEN TYPE

BLOOD URINE OTHER (SPECIFY)

☐ ☐ ☐

LABORATORY USE ONLY

BIOHAZARD? ☐ Yes ☐ No

SAMPLE COLLECTION >>>

#DATE (dd.mm.yyyy)

#TIME (HH:mm)

CLOTTED SAMPLE (yellow top)

Please enter a cross with in the box: ☒

☐ CREAT & ELECS

THYROID PROFILES*

☐ On Carbimazole

Fluoride oxalate (grey tube)

☐ UREA

☐ ? Hypothyroid

☐ On Block Replacement

☐ GLUCOSE - Fasting

☐ LFT

☐ ? Hypert thyroid

☐ On Amiodarone

☐ GLUCOSE - Random

☐ CALCIUM GROUP

☐ On Thyroxine

Other (give details e.g. on T3, on lithium, ? hypopit)*

Citrate (pale blue tube)

☐ LIPASE

FEMALE HORMONE PROFILES*

☐ INR (WARFARIN ONLY)

☐ CK

Day of cycle

☐

☐ Prothrombin Time

☐ CRP

☐ Infertility (day 1-3)

☐ ? Menopausal

☐ APTT

☐ CHOLESTEROL

☐ ? Ovulation (luteal phase)

☐ Galactorrhoea

EDTA (mauve)

☐ FULL LIPID PROFILE

☐ Amenorrhoea

☐ Hirsutism

☐ FULL BLOOD COUNT

☐ PSA

☐ Irregular Periods

☐ Other (give details)*

☐ HbA1C

☐ TROPONIN T

MALE HORMONE PROFILES*

☐ PLASMA VISCOSITY

☐ URATE

☐ Erectile Dysfunction

☐ Other (give details)*

☐ AUTO IMMUNE PROFILE

☐ Gynaecomastia

☐ FERRITIN

☐ B12

☐ SERUM FOLATE

☐ RHEUMATOID FACTOR

☐ TTG

☐ TPO

OTHER TESTS

Date & Time of Receipt