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| **Site: This information is mandatory.**  Frimley Park FHFT Wexham Park FHFT  Ashford and St Peter’s Foundation Trust Royal Surrey Foundation Trust  Royal Berkshire NHS Foundation Trust Surrey and Sussex Healthcare NHS Trust |  |

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| Lab number |

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| **PATIENT DETAILS Failure to complete ALL fields may result in this request being rejected** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Site** |  | | | | | **Clinic/ Hosp No.** | | | |  | | | | | | | | | **NHS Number** | |  | | | |
| **Surname** | | | |  | | | | | | | | | | **Forename(s)** | | | | |  | | | | | |
| **Date of Birth** | | | | **DD / MM / YYYY** | | | | | | **Gender** | | **M / F / U** | | | | | **Pregnant?** | | | **Y / N** | | **Fasting?** | **Y / N** | |
| **Address** | | | | **Postcode** | | | | | | | | | | | | | | | | | | | | |
| **SAMPLE DETAILS Please complete ALL fields** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Clinician** | |  | | | | | | | | | | | **Ward/Surgery** | | | | |  | | | | | | |
| **Requestor** | |  | | | | | | | | | | | **Contact Tel:** | | | |  | | | | | | | |
| **Collect Date** | | | **DD / MM / YY** | | | | | **Collect Time** | | | **HH: MM** | | | | | **Collected By** | | | |  | | | | |
| **Urgent?** | | **Y / N** | | | | | **Copy To** | |  | | | | | | | | | | | | | | | |
| **Clinical Details:** | | | | |  | | | | | | | | | | **Anticoagulants/Drug/Antibiotic Therapy:** | | | | | | | | |  |
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| **Biochemistry** | **Virology** | **Microbiology** |
| Renal Profile (Na,K,Creat,Urea,eGFR) | HIV Ag/Ab Test | MC&S |
| Liver Function Test | Hep B Surface Antigen | MRSA |
| Glucose | Hep B Antibody (Post Vaccine) | AAFB |
| Glucose Fasting | Hep C Antibody |  |
| Lipid Profile | Measles serology |  |
| Lipid Profile Fasting | Rubella Immunity Screen | Sample Type: |
| Bone Profile | Varicella Zoster IgG Antibody |  |
| NT pro-BNP | Health Care Worker Hep B Viral Load |  |
| Thyroid Function Test | Hep B Viral loads |  |
| Troponin | Hep C Viral Loads |  |
| C-Reactive Protein (CRP) | Quantiferon Diagnosis – Please Use: | **Blood Transfusion** |
| Haemoglobin A1C | Specialist x4 tube collection kit | Routine Group and Antibody Screen |
| Vit D | Chlamydia male first catch urine | Antenatal Group and Antibody Screen  EDD |
| Microalbumin:Creatinine Ratio | Chlamydia female cervical | EDTA Crossmatch \_\_\_\_\_\_ unit/s red cells |
| **Haematology** | Needlestick Recipient |  |
| Full Blood Count | SARS-COV-2 | Reason for transfusion: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Coagulation Screen | **Immunology** |  |
| INR  D-Dimer | Anti-Nuclear Ab Screen | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Units are required: |
| ESR  ESR (Royal Surrey only)  Haemoglobinopathies  Ethnic Origin: | Liver Autoantibodies | Special requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B12 / Folate | Bence Jones Protein | Send away test: |
| Infectious Mononucleosis | Coeliac Screen-Tissue Transglutamine | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Malarial Parasite Screening | Protein Electrophoresis |  |
| G6PD | Rheumatoid Factor (Serum) |  |
| Additional Investigations: |  |  |
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| **COLLECTION DETAILS** | | | | | | | | | | |
| **Anatomical Site of Origin** | | |  | | | **Specimen Type** | | |  | |
| **Number of samples taken (If blood):** | | | | | | | | | | |
| Serum SST |  | Sodium Fluoride | |  | Citrate | |  | Quantiferon 1ml blood for each tube: | |  |
| EDTA |  | EDTA Crossmatch | |  | Lith Hep | |  | Clot activator | |  |