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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 ScreenEDD |
|  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 |  |