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| **GP Request for Laboratory Services BLOOD SCIENCES DEPARTMENT**  **Centre for Laboratory Medicine & Molecular Pathology, St. James’s Hospital, Dublin 8. Phone: 01 416 2051. Email: bsladmin@stjames.ie** | **FOR LABORATORY USE ONLY. PLEASE AFFIX SPECIMEN NUMBER BARCODE LABEL HERE** |
| **Patient Details (Complete Fully OR Attach an Addressograph Label inside the dotted line below):**  **Surname**    **First Name Male Female**  **Date of Birth / / Ethnicity (if relevant)** | |
| **Patient’s Address:** | |
| **Doctor’s Practice address or practice stamp here Practice Telephone Number:**  **Name Doctor’s**  **SJH Lab Code**  **Doctor’s This is mandatory to ensure the**  **Signature doctor can be contacted during**  **routine laboratory working**  **M.C.R.N. hours 8am to 8pm.** | |
| **Clinical Details / Drug Therapy:** | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **[ ] Renal Profile**  **[ ] Liver Profile**  **[ ] Bone Profile**  **[ ] Amylase**  **[ ] Magnesium**  **[ ] Urate**  **[ ] CRP**  **[ ] Lipid Profile**  **[ ] Iron Studies**  **[ ] LH & FSH**  **[ ] Vitamin D** | **GROUP 1 – (Blood) CLOTTED (Red)**  **[ ] Creatine Kinase**  **[ ] Lactate Dehydrogenase**  **[ ] PSA**  **[ ] Prolactin**  **[ ] SHBG**  **[ ] Progesterone**  **[ ] Oestradiol**  **[ ] Cortisol**  **[ ] HCG**  **[ ] TFT’s (FT4 + TSH)**  **[ ] NT-pro-BNP (Chronic Disease Management)** | | | **\*\* Please state time of last dose below**  **[ ] Lithium\*\* (\_\_\_\_\_\_\_\_\_\_\_\_)**  **[ ] Digoxin\*\* (\_\_\_\_\_\_\_\_\_\_\_\_)**  **[ ] Phenytoin\*\* (\_\_\_\_\_\_\_\_\_\_\_\_)**  **[ ] Valproate\*\* (\_\_\_\_\_\_\_\_\_\_\_\_)**  **[ ] Theophylline\*\* (\_\_\_\_\_\_\_\_\_\_\_\_)**  **[ ] Phenobarbitone\*\* (\_\_\_\_\_\_\_\_\_\_\_\_)**  **[ ] Carbamazepine\*\* (\_\_\_\_\_\_\_\_\_\_\_\_)**  **[ ] CA 125** | | **GROUP 2 – (Blood) EDTA (Purple)**  **[ ] Haemoglobin A1c**  **GROUP 3 - (Blood) FLU OXAL (Grey)**  **[ ] Glucose (Random)**  **[ ] Glucose (Fasting)**  **[ ] Glucose (2hr PP)**  **GROUP 4 (URINES)**  **[ ] Microalbumin (Urine)**  **[ ] Protein/Creatinine Ratio (Urine)**  **GROUP 5 – (Blood) CITRATE (Light Blue)**  **[ ] Coagulation Screen**  **[ ] INR 🡪 Warfarin: Yes [ ] No [ ]** | | **GROUP 7 – (Blood) CLOTTED (Red)**  **[ ] Connective Tissue disease Screen**  **[ ] Rheumatoid Factor**  **[ ] IgG, A, M & Protein Electrophoresis**  **[ ] Thyroid Microsomal Ab (TPO)**  **[ ] Tissue Transglutaminase Ab**  **[ ] Anti-CCP**  **IgE Sensitization Tests**  **A Maximum of 3 of the specific IgE tests below can be ordered, based on History:**  **[ ] Animal Danders [ ] Peanut**  **[ ] House Dust Mite [ ] Mixed Grass**    **[ ] Faecal Occult Blood (FOB)** | | **GROUP 8 – (Blood) EDTA (Purple)**  **[ ] FBC [ ] ESR**  **[ ] Infectious Mononucleosis Screen**  **[ ] Malaria Screen *You must Contact the Lab. on 4103843 before sending specimens for Malaria Screen.***    **GROUP 9 – (Blood) CLOTTED (Red)**  **[ ] Vitamin B12 / Serum Folate††**  **††A fasting sample is required**  **[ ] Ferritin**    **GROUP 10– (Blood) EDTA (Purple)**  **[ ] G6PD Screen**  **[ ] Sickle Cell / Thalassaemia Screen\***  **\* A Serum Ferritin is also required.** | | **GROUP 6 – (Blood) CLOTTED (Red)**  **[ ] Testosterone**  **[ ] Androstenedione** | **Other Tests:** | | For Laboratory Use Only .  Please record any extra specimens received.  Serum [ ] EDTA [ ]  Citrate [ ] Glucose [ ] | | | **###### A separate specimen is required for tests in each of the above groups 1 to 10. ######**  **###### All analyses may not be completed if there is an insufficient number of specimens provided. ######** | | | | |   **Date Taken: Time Taken: Date/Time Received:**  **P904A Version 14** | |