|  |  |
| --- | --- |
| **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** |