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| **Haemoglobinoapthy Laboratory Request Form**  clear James logo (2)  **HAEMATOLOGY LABORATORY**  **LabMed Directorate, St. James’s Hospital, Dublin 8.**  **Tel.: 01 4162048/4162394 Fax: 01 4162920 www.stjames.ie** | **FOR SJH LABORATORY USE ONLY. PLEASE AFFIX SPECIMEN NUMBER BARCODE LABEL HERE** |
| **All sections of this form MUST be completed by the requesting medical team. Samples may not be analysed unless a FULLY COMPLETED AND CLEARLY WRITTEN request form accompanies the samples.** | |
| **PATIENT DETAILS:**  **Surname**  **First Name Male Female**  **Date of Birth / / MRN**  **Patient’s Address: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **REFERRER'S DETAILS:**  **Referring Hospital:**  **Ward/Secondary Location:**  **Referring Clinician and Contact Details:** | |
| **CLINICAL DETAILS/ REASON FOR REFERRAL :**    Patient’s Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pregnant: **Yes** **No** **Unknown**  Has the patient been **transfused** in the past 4 months?  **Yes** **No** **Unknown**  Other details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **PLEASE COMPLETE FOR PRE-CONCEPTION/ANTENATAL SCREENING:**  Number of Weeks Gestation: \_\_\_\_\_\_\_\_\_\_\_\_\_ Biological Father’s Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **TEST REQUESTED:**  Haemoglobinopathy Screen G6PD Screen  **External Laboratory Test Request Number:** | |
| **DATE AND TIME OF SAMPLE COLLECTION:** | |
| **HAEMATOLOGY INDICES:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Haemoglobin |  | MCV |  | RDW |  | | Red Cell Count |  | MCH |  | Reticulocyte Count |  | | White Cell Count |  | MCHC |  | Ferritin |  | | |
| **DATE AND TIME RECEIVED IN SJH LAB:** | |