

GP Request for Laboratory Services **BLOOD SCIENCES DEPARTMENT**  
 Central Pathology Laboratory, St. James's Hospital, Dublin 8.  
 GP Phlebotomy Appointments: Log on to [www.stjames.ie](http://www.stjames.ie) & click patients button  
 or ring 2914516 (Mon-Fri 2pm-4pm) or 1517 345333 (premium rate service).

**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 Name

Doctor's SJH Lab Code

Doctor's Signature

M.C.R.N.

Practice address or practice stamp here

Practice Telephone Number:

This is mandatory to ensure the doctor can be contacted during routine laboratory working hours 8am to 8pm.

**Clinical Details / Drug Therapy:**

<p><b>GROUP 1 – (Blood) CLOTTED (Red)</b></p> <p><input type="checkbox"/> Renal Profile</p> <p><input type="checkbox"/> Liver Profile</p> <p><input type="checkbox"/> Bone Profile</p> <p><input type="checkbox"/> Amylase</p> <p><input type="checkbox"/> Magnesium</p> <p><input type="checkbox"/> Urate</p> <p><input type="checkbox"/> CRP</p> <p><input type="checkbox"/> Lipid Profile</p> <p><input type="checkbox"/> Iron Studies</p> <p><input type="checkbox"/> LH &amp; FSH</p>		<p><input type="checkbox"/> Creatine Kinase</p> <p><input type="checkbox"/> Lactate Dehydrogenase</p> <p><input type="checkbox"/> PSA</p> <p><input type="checkbox"/> Prolactin</p> <p><input type="checkbox"/> SHBG</p> <p><input type="checkbox"/> Progesterone</p> <p><input type="checkbox"/> Oestradiol</p> <p><input type="checkbox"/> Cortisol</p> <p><input type="checkbox"/> HCG</p> <p><input type="checkbox"/> TFT's (FT4 + TSH)</p>	<p><b>** Please state time of last dose below</b></p> <p><input type="checkbox"/> Lithium** ( )</p> <p><input type="checkbox"/> Digoxin** ( )</p> <p><input type="checkbox"/> Phenytoin** ( )</p> <p><input type="checkbox"/> Valproate** ( )</p> <p><input type="checkbox"/> Theophylline** ( )</p> <p><input type="checkbox"/> Phenobarbitone** ( )</p> <p><input type="checkbox"/> Carbamazepine** ( )</p> <p><input type="checkbox"/> AFP</p> <p><input type="checkbox"/> CEA</p> <p><input type="checkbox"/> CA 125</p> <p><input type="checkbox"/> CA 15.3</p> <p><input type="checkbox"/> CA 19.9</p>
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<p><b>GROUP 2 – (Blood) EDTA (Purple)</b></p> <p><input type="checkbox"/> Haemoglobin A1c</p>	<p><b>GROUP 3 - (Blood) FLU OXAL (Grey)</b></p> <p><input type="checkbox"/> Glucose (Random)</p> <p><input type="checkbox"/> Glucose (Fasting)</p> <p><input type="checkbox"/> Glucose (2hr PP)</p>	<p><b>GROUP 4 (URINES)</b></p> <p><input type="checkbox"/> Microalbumin (Urine)</p> <p><input type="checkbox"/> Protein/Creatinine Ratio (Urine)</p> <p><input type="checkbox"/> Pregnancy Test (Urine)</p>	<p><b>GROUP 5 – (Blood) CITRATE (Light Blue)</b></p> <p><input type="checkbox"/> Coagulation Screen</p> <p><input type="checkbox"/> INR → Warfarin: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>GROUP 7 – (Blood) CLOTTED (Red)</b></p> <p><input type="checkbox"/> Connective Tissue disease Screen</p> <p><input type="checkbox"/> Rheumatoid Factor</p> <p><input type="checkbox"/> IgG, A, M &amp; Protein Electrophoresis</p> <p><input type="checkbox"/> Thyroid Microsomal Ab (TPO)</p> <p><input type="checkbox"/> Tissue Transglutaminase Ab</p> <p><b>IgE Sensitization Tests</b></p> <p>A Maximum of 4 specific IgE tests can be ordered, based on History (please list)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Faecal Occult Blood (FOB)</p>	<p><b>GROUP 8 – (Blood) EDTA (Purple)</b></p> <p><input type="checkbox"/> FBC <input type="checkbox"/> ESR</p> <p><input type="checkbox"/> Infectious Mononucleosis Screen</p> <p><input type="checkbox"/> Malaria Screen <b><i>You must Contact the Lab. on 4103843 before sending specimens for Malaria Screen.</i></b></p>	<p><b>GROUP 9 – (Blood) CLOTTED (Red)</b></p> <p><input type="checkbox"/> Vitamin B12 / Serum Folate<sup>††</sup></p> <p><sup>††</sup>A fasting sample is required</p> <p><input type="checkbox"/> Ferritin</p>	<p><b>GROUP 10– (Blood) EDTA (Purple)</b></p> <p><input type="checkbox"/> G6PD Screen</p> <p><input type="checkbox"/> Sickle Cell / Thalassaemia Screen*</p> <p>* A Serum Ferritin is also required.</p>
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<p><b>GROUP 6 – (Blood) CLOTTED (Red)</b></p> <p><input type="checkbox"/> Testosterone</p> <p><input type="checkbox"/> Androstenedione</p>	<p><b>Other Tests:</b></p> <p><input type="text"/></p>	<p><b>For Laboratory Use Only</b></p> <p><b>Please record any extra specimens received.</b></p> <p>Serum <input type="checkbox"/> EDTA <input type="checkbox"/></p> <p>Citrate <input type="checkbox"/> Glucose <input type="checkbox"/></p>
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A separate specimen is required for tests in each of the above groups 1 to 10. All analyses may not be completed if there are insufficient specimens provided.

Date Taken:  Time Taken:  Date/Time Received: