

Surname																							
First Name														Male <input type="checkbox"/> Female <input type="checkbox"/>									
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:

GROUP 1 – (Blood) CLOTTED (Red)

**** Please state time of last dose below**

- | | | | |
|--|--|---|---------|
| <input type="checkbox"/> Renal Profile (minus Potassium) | <input type="checkbox"/> Creatine Kinase | <input type="checkbox"/> Lithium** | (_____) |
| <input type="checkbox"/> Liver Profile | <input type="checkbox"/> Lactate Dehydrogenase | <input type="checkbox"/> Digoxin** | (_____) |
| <input type="checkbox"/> Bone Profile | <input type="checkbox"/> PSA | <input type="checkbox"/> Phenytoin** | (_____) |
| <input type="checkbox"/> Amylase | <input type="checkbox"/> Prolactin | <input type="checkbox"/> Valproate** | (_____) |
| <input type="checkbox"/> Magnesium | <input type="checkbox"/> SHBG | <input type="checkbox"/> Theophylline** | (_____) |
| <input type="checkbox"/> Urate | <input type="checkbox"/> Progesterone | <input type="checkbox"/> Phenobarbitone** | (_____) |
| <input type="checkbox"/> CRP | <input type="checkbox"/> Oestradiol | <input type="checkbox"/> Carbamazepine** | (_____) |
| <input type="checkbox"/> Lipid Profile | <input type="checkbox"/> Cortisol | <input type="checkbox"/> CA 125 | |
| <input type="checkbox"/> Iron Studies | <input type="checkbox"/> HCG | | |
| <input type="checkbox"/> LH & FSH | <input type="checkbox"/> TFT's (FT4 + TSH) | | |
| <input type="checkbox"/> Potassium | <input type="checkbox"/> NT-pro-BNP (Chronic Disease Management) | | |

GROUP 2 – (Blood) EDTA (Purple)

- [1 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:**