Biochemistry Department,
The Centre for Laboratory Medicine & Molecular Pathology (LabMed),
St. James's Hospital, Dublin 8
Tel: +353-(0)1-4151579

BIOCHEMISTRY SERUM TESTOSTERONE OR ANDROSTENDIONE REQUEST & CLINICAL INDICATION FORM

Download from www.stjames.ie **or google St James Labmed user guide GP REQUEST FORMS**

From 27/07/2026, if this form is incomplete or not enclosed with the separate sample, Testosterone or Androstenedione testing will not proceed.

NB: These tests are no longer on Healthlink.

1. **Patient gender is mandatory for assigning correct reference ranges and clinical interpretation.**
2. **Androstenedione testing is usually indicated for Female patients and will only be tested in Male patients if appropriate clinical reasons are provided.**

Patient Information or Addressograph

First name: _____Surname: _____

Patient address: _____

_____

DOB::_____ Gender: _____

Hospital No._____

1 separate Serum sample required

SJH Laboratory number

Requester's details:

General Practitioner name: _____ Practice Address/Stamp:

SJH LAB CODE: _____

Doctors signature:_____ Practice Telephone number: _____

MRCN:_____

Mandatory Request Information – please note this request will not be processed unless the following information is provided

1. **Please state the clinical reasons for the Testosterone or Androstenedione request**

2. **Provide relevant details of medical conditions, medications or other clinical information that may be relevant to Testosterone/Androstenedione/ Steroid test interpretation.**

If you require any further information on this matter, please contact the Biochemistry Department

Please note that requests failing to meet the relevant criteria will not be processed

All users received prior notification by memo BIO-MEMO-2026/03 sent out on 01/07/26