

CLINICAL BLOOD SCIENCES

All items with an asterisk* must be completed

*NHS NUMBER

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*SURNAME

*FORENAME

*DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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*REQUESTING GP/CONSULTANT

*GP CODE

*SURGERY/HOSPITAL LOCATION

SURGERY CODE

CONTACT NUMBER FOR GROSSLY ABNORMAL RESULTS

*SPECIMEN TYPE

*HOSPITAL NUMBER

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PATIENT ADDRESS

POSTCODE:

PATIENT TELEPHONE NUMBER

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*CLINICAL DETAILS

DRUG THERAPY

RECENT TRAVEL

NHS

PRIVATE

CAT II

HAEMATOLOGY

FBC WARFARIN TEST (INR)

ESR COAGULATION SCREEN
(NOT FOR WARFARIN)

GLANDULAR FEVER
(MONOSPOT)

OTHER:

BIOCHEMISTRY

RENAL LIVER

GLUCOSE LIPIDS

BONE TSH

HbA1c ON THYROXINE?

ALBUMIN/CREATININE RATIO

OTHER:

IMMUNOLOGY

(SEPARATE SERUM REQUIRED)

ANA ANCA

GBM RHF

COELIAC SCREEN

LIVER ANTIBODIES

IMMUNOGLOBULINS

OTHER:

*SPECIMEN DATE

D	D	M	M	Y	Y	Y	Y
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*TIME

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*PHLEBOTOMIST NAME

*PHLEBOTOMIST SIGNATURE

REFER TO WWW.SWLPATH.NHS.UK FOR SAMPLE TUBE AND SAMPLE COLLECTION REQUIREMENTS

RESULTS LINE—020 8725 5468