

BHI (Biochemistry, Haematology and Immunology)

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