

For lab use only

Stick barcode numbers here

Chemical Pathology / Haematology only

Pathology Downtime Request form

**This form is only to be used if Clinical Manager or the Pathology System is unavailable
 For URGENT requests please continue to contact the Laboratory or On Call Service**

Casenumber- Please Print Clearly in CAPITALS <input style="width: 100%; height: 20px;" type="text"/> Surname <input style="width: 100%; height: 20px;" type="text"/> Forename <input style="width: 100%; height: 20px;" type="text"/> Date of Birth Sex <input style="width: 40%; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="checkbox"/>	Ward/Dept <input style="width: 100%; height: 20px;" type="text"/> Consultant Code <input style="width: 100%; height: 20px;" type="text"/> Requesting Doctor <input style="width: 100%; height: 20px;" type="text"/> Bleep/Ext <input style="width: 100%; height: 20px;" type="text"/>
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Specimen Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/>	Date of Sample <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	Time of sample (24 hr clock) <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>
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Clinical Details/Current Medication 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Clinical details/Medication</th> </tr> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Fasting (FAST)</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Abdo pain (ABDP)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> On Thyroxine (OT4)</td> <td style="padding: 2px;"><input type="checkbox"/> Pre dialysis (PEDI)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> On CBZ (OCBZ)</td> <td style="padding: 2px;"><input type="checkbox"/> Post dialysis (PODI)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Pre-op (PREOP)</td> <td style="padding: 2px;"><input type="checkbox"/> On Warfarin (OWAR)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Post-op (POOP)</td> <td style="padding: 2px;"><input type="checkbox"/> On Heparin (OHEP)</td> </tr> </table>	Clinical details/Medication		<input type="checkbox"/> Fasting (FAST)	<input type="checkbox"/> Abdo pain (ABDP)	<input type="checkbox"/> On Thyroxine (OT4)	<input type="checkbox"/> Pre dialysis (PEDI)	<input type="checkbox"/> On CBZ (OCBZ)	<input type="checkbox"/> Post dialysis (PODI)	<input type="checkbox"/> Pre-op (PREOP)	<input type="checkbox"/> On Warfarin (OWAR)	<input type="checkbox"/> Post-op (POOP)	<input type="checkbox"/> On Heparin (OHEP)
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Chemical Pathology	Haematology	Other tests (Chem / Haem / Imm only)
U/E <input type="checkbox"/> P1(Q) Random Glucose <input type="checkbox"/> P2(Q) Fasting Glucose <input type="checkbox"/> P2(Q) Gamma GT <input type="checkbox"/> P4(Q) Urate <input type="checkbox"/> P7(Q) Bone Profile <input type="checkbox"/> P8(Q) Liver Profile <input type="checkbox"/> P9(Q) CRP <input type="checkbox"/> CRPS(Q)	Blood Count <input type="checkbox"/> H(Q) Clotting screen <input type="checkbox"/> C(Q) Reticulocytes <input type="checkbox"/> Retic(Q) Glandular Fever <input type="checkbox"/> GF(Q) Hb Electrophoresis <input type="checkbox"/> ABHB(Q) Vitamin B12 <input type="checkbox"/> B12(Q) Folate <input type="checkbox"/> FOL(Q) Ferritin <input type="checkbox"/> FER(Q) Malarial Parasites <input type="checkbox"/> MP(Q)	

Reason for use of Downtime Form:

Note: The Specimen will not be processed unless this section is completed.