PATHOLOGY REQUEST

Place labelled specimens in bag, remove protective strip, fold flap onto bag and seal firmly.

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Form No: RQF157
Issue No: 2.03
Active Date: 31/08/2021

Hospital No.	Consultant/G.P.	
Surname	Ward/Surgery	Lab No.
Forename	G.P. Address	
Address		
	EMERGENCY PHONE NO. FOR CRITICAL RESULTS	
Male ☐ Female ☐ Date of Birth / /		Urgent ☐ Routine ☐

SPECIMEN TYPE Blood ☐ Urine ☐ Volume (mL) ..... MSU ☐ CSU ☐ Sputum ☐ Faeces ☐ *Swab ☐ *Fluid ☐ *Tissue ☐

*PLEASE STATE TYPE BELOW

CLINICAL DIAGNOSIS AND THERAPY

Date collected: ...../...../.....
Time collected: .....

BIOCHEMISTRY

- ☐ Renal profile
- ☐ Liver profile
- ☐ Bone profile
- ☐ Lipid profile
- ☐ Iron studies
- ☐ AMH
- ☐ Ferritin
- ☐ C-Reactive Protein
- ☐ HbA1c
- ☐ Glucose Fasting/Random
- ☐ PSA
- ☐ Vitamin D
- ☐ Vitamin B12 / Folate
- ☐ Stool Occult Blood (FIT)
- ☐ Urine Cortisol

(24h: state volume) .....

- ☐ Cortisol (state time)

Other:

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.....
.....

ENDOCRINOLOGY

- ☐ TSH
- ☐ FT4
- ☐ FT3
- ☐ FSH
- ☐ LH
- ☐ Oestradiol
- ☐ Progesterone
- ☐ Prolactin

Other:

.....
.....
.....

HAEMATOLOGY

- ☐ FBC and diff
- ☐ INR
- ☐ APTT
- ☐ Fibrinogen
- ☐ Monospot
- ☐ Malaria microscopy/Ab

Other:

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.....
.....

SEROLOGY/IMMUNOLOGY

- ☐ Anti-Hepatitis B S Ab
- ☐ Hepatitis B S Ag
- ☐ Anti-Hepatitis C Ab
- ☐ Hepatitis C Ag
- ☐ Anti HIV Ab/Ag Combo
- ☐ Anti-Rubella IgG/IgM
- ☐ Syphilis Screen
- ☐ Anti-TPO Ab
- ☐ Anti-TG Ab
- ☐ Anti-TTG Ab (Coeliac)
- ☐ RF
- ☐ Anti-CCP Ab
- ☐ Anti-nuclear Ab
- ☐ Anti-mitochondrial Ab
- ☐ ANCA (MPO/PR3)
- ☐ Anti-Parietal Cell Ab

Other Auto-Ab (specify)

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Total IgE

Specific IgE (specify allergens)

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MICROBIOLOGY

- ☐ Urine C&S
- ☐ Faeces C&S
- ☐ Sputum C&S
- ☐ Blood Culture C&S
- ☐ Swab C&S
  *Swab type/site: .....
- ☐ Fluid C&S
  *Fluid type/site: .....
- ☐ Tissue C&S
  *Tissue type/site: .....
- ☐ Fungal culture
  *Sample type/site: .....
- ☐ EBSL Screen
  *Sample type/site: .....
- ☐ MRSA Screen
  *Sample type/site: .....
- ☐ CPE Screen
  *Sample type/site: .....
- ☐ VRE Screen
  *Sample type/site: .....
- ☐ Faecal ova, cysts, parasites
- ☐ Faecal C. difficile toxin screen
- ☐ Faecal H. pylori antigen

Other Tests: .....

*Sample type/site: .....

.....

OTHER TESTS

DATE / TIME RECEIVED (LAB USE ONLY)

USE DESIGNATED FORMS FOR HISTOLOGY & GYNAE CYTOLOGY

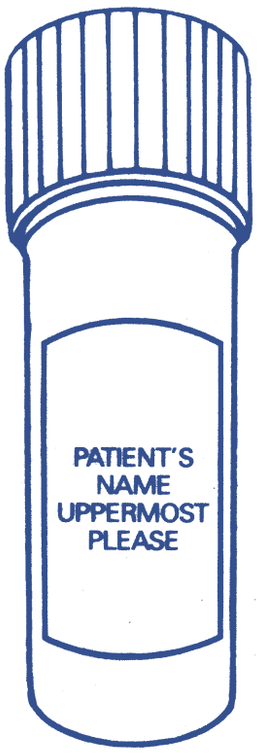
JB-74436

BAG

PLEASE ENSURE CAP IS TIGHT

INSERT

SPECIMEN THIS WAY



PLEASE LABEL SPECIMEN CONTAINER

DANGER OF INFECTION LABELLING

In the case of 'High Risk' specimens both the specimen CONTAINER and REQUEST/S must be correctly labelled to indicate a 'DANGER OF INFECTION'

PLEASE ENSURE THAT ADEQUATE CLINICAL INFORMATION IS SUPPLIED AS REQUESTED OVER

HEALTH AND SAFETY PRECAUTIONS. SPECIMEN HANDLING.

If you drop and break a specimen do not touch it or try to clear up the mess. Stay with the specimen to prevent other people touching it and send someone to the laboratory for help.

If you cut or prick yourself or have an accident, however small, tell the laboratory Safety Officer and carry out the appropriate accident procedure.

Carry all specimens in the equipment provided, not in your hands or in your pockets.

Never eat, drink or smoke when you are carrying specimens, and wash your hands frequently.

BIOHAZARD

PLEASE HANDLE WITH CARE

BIOHAZARD