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PATIENT ID																				
TITLE																				
SURNAME																				
FORENAME																				
DOB			/			/														
GENDER																				
When completing this form please provide at least three unique identifiers for your patient.																				

Clinical Details: _____ [] **Fasting Sample** _____

Haematology	[] FBC [] ESR [] INR [] Coagulation Profile 1 (INR+APTT+Fibrinogen)	1x EDTA = FBC 2x EDTA = FBC+ESR + 1x Citrate = coagulation
Biochemistry	[] U and E [] LFTs [] Ca [] PO4 [] Uric Acid [] TFTs [] CK [] CRP [] Glucose [] Lipid profile [] Active B12 [] Ferritin [] Folate [] Vitamin D (25-OH) [] HbA1C	1x Grey top = Glucose 1x EDTA = HbA1C 1 SST = all other tests
Thyroid	[] TSH [] FT3 [] FT4 [] Thyroid Abs (inc. Thyroglobulin Abs + TPO) [] Thyroglobulin Assay	1 SST = TSH+FT3+FT4 2x SST=TSH+ Abs
Endocrinology	[] FSH [] LH [] Oestradiol [] Progesterone [] Prolactin [] SHBG [] Testosterone [] Free Testosterone Index (cal) [] BHCG quantitative	1x SST
Tumor Markers	[] CA 125 [] Total PSA [] Free: Total PSA ratio [] CEA [] AFP [] HE4 [] Calcitonin	1x SST = CA125+ PSA 2x SST=plus CEA, AFP, HE4
PROFILES		TICK SAMPLES
PP1- Biochemistry Profile Sodium, Potassium, Chloride, Urea, Creatinine, eGFR, Bilirubin, ALP, ALT, AST, GGT, CK, Total Protein, Albumin, Calcium, Phosphate, Uric Acid, Glucose, Iron, Triglycerides, Cholesterol		1x SST + 1x grey top
PP2- Biochemistry + Haematology FBC + CRP+ Sodium, Potassium, Chloride, Urea, Creatinine, eGFR, Bilirubin, ALP, ALT, AST, GGT, CK, Total Protein, Albumin, Calcium, Phosphate, Uric Acid, Glucose, Iron, Triglycerides, Cholesterol		1x SST + 1x EDTA + 1x grey top
PP2L- Biochemistry + Haematology+ Lipid Profile PG2 + HDL-Cholesterol+ Non-HDL Cholesterol		1x SST + 1x EDTA + 1x grey top
PP6L- General Person Profile+ Lipid Profile PG2L + FT4+TSH + Ferritin		1x SST + 1x EDTA + 1x grey top
PP7L- Well Man Profile + Lipid Profile PG2L + FT4+TSH + Ferritin + Prostate Profile		1x SST + 1x EDTA + 1x grey top
PP8L- Well Woman Profile plus Lipid Profile PG2L + FT4+TSH + Ferritin + Vitamin D (25-OH)		1x SST + 1x EDTA + 1x grey top

Other Tests / Profiles (please write in CAPITAL letters):

Requesting Practitioner: _____ **Order Date / Time:** _____
Phlebotomist: _____ **Sample Date / Time:** _____

For Laboratory use only: Sample received by (date / time / initials):
Samples received: SST: EDTA: CITR: FOXAL: LHEP: SHEP: OTHERS:
Please inform your patient about the phlebotomy fee of £20