

PATIENT

Self Pay Insurance Invoice Practitioner Embassy

PATIENT ID																				
TITLE																				
SURNAME																				
FORENAME																				
DOB			/			/														
GENDER																				

When completing this form please provide at least three unique identifiers for your patient.

PRACTITIONER

CAPITAL letters please

Practitioners full name: _____
 Practice address: _____
 Address: _____

 Tel: _____
 Email: _____
 Copy to: _____

Clinical Details: _____ **Fasting Sample**

PROFILES	TICK	SAMPLES
(PP1L – Biochemistry + Lipids) = U/E + LFTs + CK + LDH+ Calcium + Phosphate + Uric Acid + Glucose + Iron + Lipid Profile		1x SST +1x grey top
(PP2L – Biochemistry + Haem+ Lipids) FBC+ESR+U/E + LFTs + CK + LDH+ Calcium + Phosphate + Uric Acid + Glucose + Iron + Lipid Profile		1x SST +1x EDTA + 1x grey top
(PP6L – General Well Person) = PP2L + TSH + FT4 + Ferritin		1x SST +1x EDTA + 1x grey top
(PP7L – Well Man Profile) = PP2L + TSH + FT4 + Ferritin + Prostate Profile		1x SST +1x EDTA + 1x grey top
(PP8L – Well Woman Profile) = PP2L + TSH + FT4 + Ferritin + Vitamin D (25-0H)		1x SST +1x EDTA + 1x grey top

Haematology	
FBC <input type="checkbox"/> ESR <input type="checkbox"/> HbA1C <input type="checkbox"/>	1x EDTA
G6PD <input type="checkbox"/>	1x EDTA
Malaria Parasites <input type="checkbox"/>	
Paul Bunnell/Monospot <input type="checkbox"/>	
Haemoglobin Electrophoresis <input type="checkbox"/>	
Group and Save <input type="checkbox"/>	1x 9 mL (big tube) EDTA handwritten label

Biochemistry	
U/E <input type="checkbox"/> LFTs <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Phosphate <input type="checkbox"/> Calcium <input type="checkbox"/> Uric acid <input type="checkbox"/> CK (total) <input type="checkbox"/> LDH <input type="checkbox"/> CRP <input type="checkbox"/> hsCRP <input type="checkbox"/> Vitamin D (25-0H) <input type="checkbox"/> Active B12 <input type="checkbox"/> Ferritin <input type="checkbox"/> Folate <input type="checkbox"/> Iron <input type="checkbox"/>	1x SST
TIBC + (Transferrin saturation) <input type="checkbox"/>	1x SST
Glucose <input type="checkbox"/>	1x grey top

Coagulation	
Coagulation Profile 1 (INR + Fibrinogen + APTT) <input type="checkbox"/>	1x full citrate (short samples will be rejected)
D-Dimmer <input type="checkbox"/>	

Thyroid and Immunology	
TSH <input type="checkbox"/> FT4 <input type="checkbox"/> FT3 <input type="checkbox"/>	1x SST
Thyroid Antibodies <input type="checkbox"/> Thyroglobulin assay <input type="checkbox"/>	1x SST
Parathyroid Hormone (whole) <input type="checkbox"/> TSH-receptor Abs <input type="checkbox"/>	1x SST
ANCA <input type="checkbox"/> CCP abs <input type="checkbox"/> Rheumatoid factor <input type="checkbox"/> DNA(D-S) abs <input type="checkbox"/> ENA <input type="checkbox"/> ANAB <input type="checkbox"/> Autoantibody Profile 1 <input type="checkbox"/>	1x SST
Gluten Sensitivity evaluation <input type="checkbox"/>	1x SST

Endocrinology and Fertility	
FSH [] LH [] Oestradiol [] Progesterone [] Prolactin [] SHBG [] Testosterone [] Free Testosterone Index (Calc) [] Total Bhcg []	1x SST
AMH [] DHEA-S [] Cortisol [] Insulin [] Aldosterone []	1x SST
Hirsutism Profile [] FSH, LH, Testosterone, DHEAs, SHBG	1x SST
Female Hormone Profile [] FSH, LH, Prolactin, Oestradiol	1x SST
Full endocrine check (ENDO) [] FSH, LH, Oestradiol, Prolactin, Progesterone, Testosterone, SHBG, Free Testosterone Index (Calc)	1x SST

Tumour markers	
CA 125 [] CEA [] CA 15-3 [] CA 19-9 [] Prostate Profile [] LDH [] HCG []	1x SST
AFP [] CA 50 (bladder) [] HE4+ROMA []	1x SST
Calcitonin [] Osteocalcin []	1x SST (frozen)

Cardiology – Chest pain	
Troponin T [] BNP (Pro- BNP) [] CK-(MB fraction) [] Myoglobin []	1x SST

Urine tests	
Urinalysis - chemistry []	1x random urine
Urine Culture []	1x mid stream urine (advise patient how to collect)
Urine Cytology []	1x early morning first catch Cytology pot (blue lid)

Cervical Cytology	
Cervical Cytology (smear) [] *HPV not included, order below	1x thin prep vial
HPV []	
HPV20 []	

Sexual Health	
HIV [] HBsAg [] Hepatitis C abs [] Syphilis abs []	1x SST
7 STI []	1x PCR swab (purple) (or Urine)
High Vaginal Swab []	1x blue culture swab
Chlamydia and Gonorrhoea by PCR []	1x PCR swab (purple)
Chlamydia and Gonorrhoea urine []	1x first catch urine

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 that a phlebotomy fee applies

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