

**Department of Pathology, Our Lady's Hospital, Navan**

<b>LF-BIO-0110</b> <b>Rev 01</b>	<b>NT-proBNP Request Form</b>	<b>Page 1 of 1</b> <b>Effective Date:</b> <b>01/12/2022</b>
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Please complete this form for ALL NT-proBNP requests and enclose with each sample, to support timely analysis. From 01/12/2022, if this form is incomplete or not enclosed with the sample, usual analysis will NOT proceed. Please affix patient label here or complete box below

<b>Patient demographics:</b> Name: Address:  Gender: Date of Birth: Hospital Number (if applicable):  Requesting Doctor's name: Requesting source (Ward/Clinic/Medical centre /GP surgery): Contact bleep /telephone/mobile number:	<b>Sample Details:</b> Sample Type (Serum only acceptable) Date and time of sample collection:
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**Please complete the details below**

**1. Indication for testing?** Please circle Yes/No below as relevant:

- |                                                                  |          |
|------------------------------------------------------------------|----------|
| Registration/First visit to Treatment programme:                 | Yes / No |
| Baseline NT-proBNP for existing HF?                              | Yes / No |
| Case finding, symptoms consistent with (new) heart failure?      | Yes / No |
| Existing HF, cardiology specialist request and/or deterioration? | Yes / No |

**2. Existing disease?** Please circle Yes/No for the diseases below where known, otherwise circle Unknown

- |                                                      |                    |
|------------------------------------------------------|--------------------|
| Type 2 diabetes?                                     | Yes / No / Unknown |
| Pre diabetes (HbA1c: 42 – 47 mmol/mol)?              | Yes / No / Unknown |
| Ischemic Heart disease?                              | Yes / No / Unknown |
| Atrial fibrillation?                                 | Yes / No / Unknown |
| Hypertension?                                        | Yes / No / Unknown |
| If known hypertension selected one of below:         |                    |
| Stage 1 + <u>target organ damage</u> or QRISK ≥ 20%? | Yes / No / Unknown |
| Stage 2 (≥160/100)?                                  | Yes / No / Unknown |

**3. BMI ≥30?** *Circle as appropriate* Yes / No / Unknown

**4. On ACEi, ARB, ARNIs, Aldosterone or Beta (adrenergic) Receptor blockers?** Yes / No / Unknown  
*Circle as appropriate*

**5. Other information to support your request?**

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*LAB USE ONLY: Received Date and Time stamp:*