

# ESR

## ESR clinical indication form. Download from

<https://www.hse.ie/eng/services/list/3/acutehospitals/hospitals/regional-hospital-mullingar/publications/>

(See also laboratory memorandum of MEMO-M/H/19)

Please complete this form for ALL ESR requests and enclose with each sample, to enable timely analysis. From 01/03/2020, if this form is incomplete or not enclosed with the sample, ESR analysis will NOT proceed. This form must accompany all requests for ESR testing. Lab request form also required. Please affix patient label here or complete box below

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Patient demographics -

Name:

Gender:

Date of Birth:

Hospital Number:

Requestor's details

Name:

Source:

\*Date and Time stamp LAB USE ONLY:

Request Details

Has ESR been requested on this patient before? Yes / No (circle as applicable) If Yes: \*When was the last sample analysed? \_\_\_/\_\_\_/20\_\_\_

What is the reason for this request (complete below as relevant, giving specific details):

- Giant cell arteritis / Temporal arteritis? \_\_\_\_\_
- Polymyalgia rheumatica? \_\_\_\_\_
- Prosthetic joint infection? \_\_\_\_\_
- Osteomyelitis \_\_\_\_\_
- Hodgkins risk assessment? \_\_\_\_\_
- Consultant Haematologist management? \_\_\_\_\_

<b>Doc. No:</b> <b>FORM-M/H/82</b>	<b>Doc Owner:</b> <i>Ciara Shanley</i>	<b>Dept &amp; Location:</b> <i>Haematology Pathology RH, Mullingar</i>	
<b>Vers. No:</b> 3	<b>Active Date:</b> <i>January 2023</i>	<b>Doc Title:</b> <i>ESR clinical indication form</i>	<b>No. Of Pg:</b> 1 of 1