

## PATHOLOGY REGIONAL HOSPITAL MULLINGAR Longford Road, Mullingar, Co Westmeath Tel: 044 9394330

Grúpa Ospidéal Oirthear na hÉireann



## NT-proBNP clinical indication and information form

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Please see **Natriuretic Peptide (NP) testing interpretative notes (03/08/2022)** regarding interpretation of NT-proBNP available from:

 $\frac{https://www.hse.ie/eng/services/list/3/acutehospitals/hospitals/regional-hospital-mullingar/publications/$ 

Please complete this form for ALL NT-proBNP requests and enclose with each sample, to support timely analysis. Please affix patient label here or complete box below: Patient demographics -Name: Gender: Date of Birth: Please complete the details below **Indication for testing?** Please circle Yes/No below as relevant: Registration/First visit to Treatment programme: Yes / No Baseline NT-proBNP if existing HF (or AF, DM, COPD)? Yes / No Case finding, symptoms consistent with (new) heart failure? Yes / No Existing HF, cardiology specialist request Yes / No Deteriorating in symptoms consistent with HF? Yes / No Existing disease? Please circle Yes/No for the diseases below where known, otherwise circle Unknown 2. Type 2 diabetes? Yes / No / Unknown Pre diabetes (HbA1c: 42 – 47 mmol/mol)? Yes / No / Unknown Yes / No / Unknown Ischemic Heart disease? Atrial fibrillation? Yes / No / Unknown Hypertension? Yes / No / Unknown If known hypertension selected one of below: Stage 1 + target organ damage or QRISK ≥ 20%]? Yes / No / Unknown Stage 2 (≥160/100)]? Yes / No / Unknown BMI <u>></u>30? Yes / No / Unknown 3. On ACEi, ARB, <sup>1</sup>ARNIs, Aldosterone or Beta (adrenergic) Receptor blockers? Yes<sup>2</sup> / No / Unknown <sup>1</sup>angiotensin receptor neprilysin inhibitor <sup>2</sup>Circle drug(s) as relevant 5. Other information to support your request?

Doc. No: FORM-M/CC/68	Doc Owner: Paul Crowley		<b>Dept &amp; Location:</b> Clinical Chemistry RH, Mullingar	
Vers. No: 2	<b>Active Date:</b> 31/01/2023	Doc Title: NT-proBNP Indication form		No. Of Pg: 1 of 1