

University Hospital Waterford-Immunology Request Form: IMPORTANT: All fields marked* must be filled in using **BLOCK CAPITALS** and **BLACK** ink.Care should be taken when completing "check" boxes. Acceptable ☐ Not Acceptable ☒ ☐ ☐

WRH-HIS-LF-408

*Chart No.	<input type="text"/>
*Surname	<input type="text"/>
*Forename	<input type="text"/>
*Date of Birth	<input type="text"/>
*Consultant or GP Code	<input type="text"/>
	Female <input type="checkbox"/> Male <input type="checkbox"/>
*Ward/Hospital Code	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Apply addressograph label here or insert address here.
Do not use rubber stamp.
IMPORTANT: This form is electronically scanned.
Select tests by filling the appropriate box fully or by
entering test name in free text area.
Tests not marked correctly may be missed

*Date of Specimen	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Time of Specimen	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	hrs	

Clinical Details, Therapy or Reason for Request

Autoantibody Request
1 Serum sample (Yellow Cap) required for the following tests☐ Anti-Nuclear Antibody Screen
(includes anti-nuclear ab., anti-mitochondrial ab.,
anti-smooth muscle ab., anti-liver kidney microsomal ab.
& anti-parietal cell ab.)☐ Coeliac Screen
(anti-tissue transglutaminase IgA ab.)

Free text area for other tests not listed above.

Laboratory Use OnlyLaboratory Number here
Laboratory Use OnlyLaboratory Number here
Laboratory Use Only**Laboratory Use Only - Test Codes****Laboratory Use Only - Comments & Error**

<input type="text"/>	Number of additional samples
<input type="text"/>	

Routine ☐ Urgent ☐Please mark here if Private Test ☐

Signature

PLEASE CUT ALONG DOTTED LINE

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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