University Hospital Waterford-Blood Sciences Request Form: IMPORTANT: All fields marked* must be filled in using BLOCK CAPITALS and BLACK ink.

Care should be taken when completing "check" boxes.

WRH-PATH-LF-299

*Chart No.

*Surname

*Forename

*Patient Address

*Date of Birth

*Consultant or GP Code   Female ☐   Male ☐

*GP Name or Ward / Hospital Address

Type of Specimen   Blood ☐   Urine ☐   Fluid ☐   CSF ☐   Other ☐

Is Patient Fasting?   No ☐   Yes ☐

*Date of Specimen

*Time of Specimen [ ] : [ ] hrs

Clinical Details, Therapy or Reason for Request

Biochemistry
Fluoride sample (Grey Cap) required for
☐ Glucose
☐ Glucose Tolerance Test

1 Serum sample (Yellow Cap) required for the following (1 full sample is sufficient for all Biochemistry Tests)
☐ Na/K (same day samples only)
☐ Urea / Creatinine
☐ LFT   ☐ PSA
☐ Lipids   ☐ FSH / LH
☐ TSH

Lab Use Only   SD ☐   ON ☐   SEP ☐

Haematology
1 EDTA sample (Purple Cap) required for:
☐ FBC
☐ ESR   ☐ HbA1c

1 Citrate sample (Blue Cap) required for:
☐ INR   Is patient on Warfarin?   Yes ☐   No ☐

Free text area for other tests not listed above.

Laboratory Use Only

Laboratory Number Here

Laboratory Number Here

Laboratory Use Only Comments

Number and type of additional samples

Routine ☐   Urgent ☐   **On-Call** ☐ (UHW only-must be completed for out of hours testing)

Please mark here if Private Test ☐   **Signature**

PLEASE CUT ALONG DOTTED LINE -