Chart No.		ochemistry Joride sample (Grey Cap) required for	Laboratory Use Only
Surname		Glucose Glucose Tolerance Test	Laboratory Number Here
Forename		Serum sample (Yellow Cap) required for the lowing (1 full sample is sufficient for all Biochemistry Tests)	
Patient Address		Na/K (same day samples only) Urea / Creatinine Lab Use SD Only Only ON D SEP D Lipids FSH / LH	Laboratory Number Here
Date of Birth			Laboratory Use Only Comments
	male Male 1 1 E	eematology EDTA sample (Purple Cap) required for:	Number and type of additional samples
GP Name r Ward / lospital ddress	10	ESR	
	F Other		
Patient Fasting? No Yes Date of	Fre	ee text area for other tests not listed above.	
Specimen L			
Clinical Details, Therapy or Reason for Request			
outine Urgent On-Call (UHW	V only-must be	ease mark here if Private Test Signat	IIre
	nces Request F	Form: IMPORTANT: All fields marked* must be fille	d in using BLOCK CAPITALS and BLACK in
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