Pathology department request form Hospital



All sections of this form must be fully completed

Tel: 0207 460 2000 Fax: 0207 460 5555 Nursing Station/Room: Date: Time of Request:					Laboratory Direct Line: 0207 460 5565 or Freeset 7064 Laboratory Direct Fax: 0207 835 0361 Surname																			
												Clinician:						Forenames						
												Authorising signature:	GMC Number:				Hospital No. DoB Sex M F							
Clinical details including drug therapy:					Results to be sent to:																			
					Email address:																			
☐ Fasting ☐ Pregnant				-																				
☐ Ethnic Origin (Please specify)			🗆 Post Menopause 🗔				Telephone number for urgent escalation (must be reachable 24hrs):																	
☐ Drug Therapy (Please specify) ☐ Post Natal																								
Phlebotomist signature:			(Collectio	n Date	e:		Time:			□Urgent													
CROMWELL HOSPITAL PROFIL		☐ Hepatit				MICROBIO	OLOGY		CE	RVICAL CY	YTOLOGY													
CP1 Cromwell Full Blood Count Full Blood Count, 5 Part Diferential		Hepatitis A, B, C Profile			MSU m/c/s				PAPT															
CP2 Cromwell Haematology Prof	I	☐ Hepatitis B Profile ☐ Hepatitis B sAg			☐ Culture and				Thin Prep Cervical Cytology															
Full Blood Count, 5 Part Diferential, ES	SR	☐ Hepatitis B sAb (immu			ity)		Sensitivity Swab			LMP:/														
☐ CP3 Cromwell Biochemistry Prof	- 1	Hepatitis C Abs			١,	Site				Last smear:/														
Biochemistry, Lipids, Ferritin CP4 Cromwell Haematology &		☐ Hepatitis C Viral Load			'	Sensitivity Fluid				MONTH YEAR														
Biochemistry Profile						State Fluid				☐ Routine screen ☐ Colposcopy Previous abnormal:														
Full Blood Count, ESR, Biochemistry, Lipids, Ferritin	I	HIV I & II				Type																		
CP5 Cromwell Thyroid Profile		☐ HRT Profile ☐ Iron Status Profile			Sputum Culture &					(please specify)														
FT3, FT4, TSH		☐ Lipid Profile ☐ Liver Function Tests			Sensitivity ☐ Blood Culture ☐ TB Culture																			
☐ CP7 Cromwell Outpatient Profile																								
CP4, FT4, TSH, FT3 CP10 Cromwell Cardiovascular		☐ MMR: Measles, Mumps,			Faeces m/c/s					HPVT														
Risk Profile		☐ Menopause Profile			Faeces OCP					Thin Prep HPV														
CP4, hsCRP, Homocysteine, Fibrinoge Lipoprotein (a)		☐ Osteoporosis Screen			☐ Faeces Occult Blood (FOB))B)	PAP+HPV (Combined)														
CP12 Diabetic Profile		☐ Ovarian Reserve Profile☐ Polycystic Ovary			□HVS					HPVT														
Glucose, HbA1C, U/E's, Lipids, FT4/TS		Syndrome Profile			☐ Swab – state site:					Thin Prep Chlamydia														
		☐ Prostate Profile								TCG														
☐ Pregnancy (Qualitative)	I	☐ Respiratory Viral Scree			<u> </u>					Thin Prep CT/NG combined														
☐ Pregnancy (Quantitative)		Profile			MRSA 1 Swab per site					Pregnant Irregular Bleeding														
☐ Cortisol	I	☐ Viral Antibody Screen				☐ Culture and MRSA - on demand				Post Menopause Suspicious Cervix Post Natal Hysterectomy														
LH		□ VDRL □ TPHA			demand				l	□IUCD □HRT														
☐ Oestradiol	-					041			-:6->-															
☐ Progesterone ☐ Prolactin		☐ CA 125				Other tests (please specify):																		
SHBG (Sex Hormone Binding Glo	hulin) l	☐ CA 153 ☐ CA 199																						
☐ Testosterone		□ CEA																						
☐ Autoantibody Profile ☐ Chest Pain Profile		□AFP																						
☐ Clotting Profile	-																							
☐ Prothombin Time and Dose (PT+	□ 520992	520992 Genetic - Lipid																						
☐ C-Reactive Protein ☐ Folate (red cell)		inCode																						
☐ Folate (serum)		CVD Genetic Profile FH, Pol genic Risk, CHD Risk, Lp(a),			- 1																			
Gluten sensitivity/Coeliac Gluten sensitivity/Coeliac Pharmacogenetics																								
EDTA ESR GOL	D GREY	/ RED	L BL	D BL	MSL	J FAEC	SWAB	PAP	24 HR		THERS													
EDIA ESR GOL	GREY	KED	LDL	D BL	14150	FAEC	SWAB	PAP	24 fix		HERS													
Sample date																								
Sumple date		1	İ	İ	1	1	i .	i .	1	1														