

**LAB USE ONLY: LAB NO:**

**SEL Pathology Offline Request Form**

**For use only if online request is not possible**

**Biochemistry, Haematology and Immunology**

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| **Patient Details** |
| **Surname:**       | **First name:**       |
| **Date of Birth:**       | **NHS No:**       | **Sex:**       |
| **Landline:**       | **Mobile:**       |
| **Email:**       |  |

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| **Requestor Details** |
| **Practice/Organisation name:**       |
| **Address:**        |
| **Telephone:**        | **Email:**       |
| **Form completed by:**       **on behalf of:**       |
| **MANDATORY ORGANISATION ODS CODE:**       |
| **Professional Registration Number e.g. GMC/NMC number** (Results will be returned unmatched if this is not provided)**:**       |

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| **BIOCHEMISTRY BLOOD TESTS: SST tube required - Gold** | **HAEMATOLOGY: EDTA tube required – Purple** |
| [ ]  | Renal profile | [ ]  | Full blood count |
| [ ]  | Liver profile | [ ]  | Erythrocyte sedimentation rate  |
| [ ]  | Bone profile  | [ ]  | Malaria  |
| [ ]  | C-reactive protein | [ ]  | Haemoglobinopathy screen |
| [ ]  | Prostate specific antigen | **HAEMOSTASIS: Trisodium Citrate tube required – Light Blue** |
| [ ]  | Thyroid profile  | [ ]  | Coagulation screen (PT & APTT) |
| [ ]  | Creatine kinase | [ ]  | INR (for Warfarin Control) |
| [ ]  | Lipid profile | [ ]  | D-dimer |
| [ ]  | Amylase | **IMMUNOLOGY BLOOD TESTS: SST tube required - Gold** |
| [ ]  | Uric acid (urate) | [ ]  | Rheumatoid factor |
| [ ]  | Gonadotrophin profile (fsh/lh) | [ ]  | Coeliac screen |
| [ ]  | NT-probnp  |  |  |
| [ ]  | Iron studies | **BIOCHEMISTRY Blood test: Fluoride tube required – Grey** |
| **Additional SST tube required for GSTT for below tests - Gold** | [ ]  | Plasma glucose |
| [ ]  | 25-OH Vitamin D (Total Vitamin D) | **BIOCHEMISTRY NON-BLOOD TESTS – White Container** |
| [ ]  | Vitamin B12  | [ ]  | Urine alb:crea ratio |
| [ ]  | Folate | **BIOCHEMISTRY NON-BLOOD TESTS – Green Container** |
| [ ]  | Ferritin  | [ ]  | Faecal haemoglobin |
| **BIOCHEMISTRY Blood Tests: EDTA tube required - Purple** | **BIOCHEMISTRY NON-BLOOD TESTS – Blue Container** |
| [ ]  | HbA1c | [ ]  | Faecal calprotectin |
| **Other Tests (please specify):**       |
| **Clinical Details/Drug Therapy/Antibiotic Therapy- (*This section must be completed*)**     **Pregnant:** [ ]  **Yes Fasting:** [ ]  **Yes** |
| **Signed:** | **Date:**       |
| **Sample Labelling Instructions** | Attach patient label or complete the specimen label in BLOCK CAPITALS. The following details are **mandatory**: **First Name, Surname, DOB, NHS number & Sex**  |
| **Specimen collected by:** | **Collection Date: Time:** |