

**LAB USE ONLY: LAB NO:**

**SEL Pathology Offline Request Form**

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

**Biochemistry, Haematology and Immunology**

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

|  |  |
| --- | --- |
| **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)**:** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** | |