

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?



G.P. REQUEST FORM



DETAILS MUST BE COMPLETED IN BLOCK CAPITAL LETTERS IN BALL POINT PEN																
MATER MISERICORDIAE UNIVERSITY HOSPITAL ECCLES STREET, DUBLIN 7, IRELAND						PATHOLOGY LABORATORY			Phone: 8032246 / 2268 Facsimile: 8034781 Enquiries: tmoloney@mater.ie							
* Essential criteria						G.P. REQUEST FORM						Edition 1.03 of 21/11/06				
MRN (If available)						Doctor's Name*						Lab No.				
Surname*						Doctor's Address*						Type of Specimen				
First Forename*						Date Taken*						Time Taken*				
Patient's Address*						Emergency Phone No.* <i>(For critical reports)</i>						Clinical Details				
D.O.B*				Gender*												
APPOINTMENTS FOR BLOOD TESTING						Telephone (01) 8034735 between 08.00 - 20.00 Mon - Fri										
GP Use		Biochemistry			Endocrinology			Haematology			Immunology			Microbiology		
8 hour fast for: Glucose, GTT		<input type="checkbox"/> Bone <input type="checkbox"/> Cholesterol fast / random <input type="checkbox"/> CK <input type="checkbox"/> Glucose fast / random <input type="checkbox"/> GTT (Glucose Tolerance) <input type="checkbox"/> HbA1c <input type="checkbox"/> Iron Studies <input type="checkbox"/> LDH <input type="checkbox"/> Lipid (min 12hr fast) <input type="checkbox"/> Lithium <input type="checkbox"/> Liver <input type="checkbox"/> Magnesium <input type="checkbox"/> PSA <input type="checkbox"/> Renal <input type="checkbox"/> Urate			<input type="checkbox"/> Cortisol (State Time) <input type="checkbox"/> FSH <input type="checkbox"/> Ferritin <input type="checkbox"/> Oestradiol <input type="checkbox"/> LH <input type="checkbox"/> TFT <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Serum Folate <input type="checkbox"/> Red Cell Folate <input type="checkbox"/> Prolactin <input type="checkbox"/> Progesterone (State day of cycle) <input type="checkbox"/> Testosterone <input type="checkbox"/> SHBG			<input type="checkbox"/> Coag Screen <input type="checkbox"/> ESR <input type="checkbox"/> FBC <input type="checkbox"/> INR (Warfarin) <input type="checkbox"/> Malarial screen (patients attending phlebotomy only) <input type="checkbox"/> Retics			<input type="checkbox"/> Anti CCP <input type="checkbox"/> Anti Endomysial Antibodies <input type="checkbox"/> Anti Gliadin IgA <input type="checkbox"/> Anti H Pylori Antibodies <input type="checkbox"/> Anti Streptolysin - O conc <input type="checkbox"/> Auto Antibody screen <input type="checkbox"/> Complement <input type="checkbox"/> C- Reactive Protein <input type="checkbox"/> Immunoglobulins <input type="checkbox"/> IgE <input type="checkbox"/> Rheumatoid factor <input type="checkbox"/> Thyroid Antibodies			<input type="checkbox"/> Urine (C/S) (pregnancy) <input type="checkbox"/> Sputum (C/S) (TB) <input type="checkbox"/> Stools (C/S) (O/P) <input type="checkbox"/> Swab Site: (C/S)		
FASTING <input type="checkbox"/>																
Date Specimen Received							Time Received									

PLACE SPECIMEN IN BAG
REMOVE COVERING STRIP FOLD TOP OVER TO SEAL

FOR POSITION OF TAPE ONLY

FOLD

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