

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?

**PRESS FIRMLY ON EACH END  
TO ENSURE A LEAKPROOF  
SPECIMEN CARRIER**

**G.P. REQUEST FORM**



BIOHAZARD



BIOHAZARD TEAR

**MATER MISERICORDIAE UNIVERSITY HOSPITAL  
ECCLES STREET, DUBLIN 7, IRELAND**

**G.P. REQUEST FORM**

**ALL SECTIONS MUST BE COMPLETED**

**PATHOLOGY LABORATORY  
MF-GEN-020 Edition 1.05, 01/09/12**

MRN (If available)																Doctor's Name	Specimen Type if not Blood:
Surname																Doctor's Address	Fasting <input type="checkbox"/> Hours <input type="text"/>
First Forename																Date / /	Time Taken : :
Patient's Address												Emergency Phone No. <i>(For critical reports)</i>		<b>MUST ALSO BE RECORDED ON SAMPLE</b>			
D.O.B												Gender	Urgent Request <input type="checkbox"/>	Clinical Details			

**APPOINTMENTS FOR BLOOD TESTING Telephone (01) 8034735 between 08.00 - 20.00 Mon - Fri  
ILLEGIBLE TEST REQUESTS WILL NOT BE ACTED ON**

Biochemistry / Endocrinology	Haematology	Immunology	Microbiology
<input type="checkbox"/> Renal <input type="checkbox"/> Liver <input type="checkbox"/> Bone <input type="checkbox"/> Lipid (min 12hr fast) <input type="checkbox"/> Cholesterol Non Fasting <input type="checkbox"/> Glucose Fasting <input type="checkbox"/> Glucose Non Fasting <input type="checkbox"/> HbA1c <input type="checkbox"/> ACR (Spot Urine) <input type="checkbox"/> TFT	<input type="checkbox"/> FBC <input type="checkbox"/> ESR <input type="checkbox"/> INR (Warfarin) <input type="checkbox"/> Coag Screen <input type="checkbox"/> Monospot <input type="checkbox"/> Retics <input type="checkbox"/> Malarial screen (patients must attend MMUH phlebotomy with completed malaria form available on Mater.ie)	Separate sample required for Immunology & one sample ONLY needed Antibodies to:- <input type="checkbox"/> TTG (Coeliac Screen) <input type="checkbox"/> Streptolysin - O (ASOT) <input type="checkbox"/> Auto Antibody Screen (PCA, SMA, AMA) <input type="checkbox"/> Anti Nuclear Factor (ANA) <input type="checkbox"/> Rheumatoid Factor (RF) <input type="checkbox"/> IgE	<input type="checkbox"/> Urine (C/S) (pregnancy) <input type="checkbox"/> Sputum (C/S) (TB) <input type="checkbox"/> Stools (C/S) (O/P)* *Clinical details essential <input type="checkbox"/> Swab (C/S) Site: <input type="checkbox"/> MRSA Screening Site: <input type="checkbox"/> Swab (STD) Site:

**Any Other Tests**

**FOR QUALITY AND PATIENT SAFETY, ALL TESTS SHOULD BE ORDERED ON HEALTHLINK**

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

**G.P. REQUEST FORM**

FOLD