NORTHERN DEVON HEALTHCARE NHS TRUST PATHOLOGY SERVICES
CLINICAL CHEMISTRY & HAEMATOLOGY REQUEST. ENQUIRIES (01271) 32(2321)

CPA Accredited Laboratories

NHS Number *(affix label in shaded area)* / / Hospital or other Number (A/E, GUM)

Surname - Block CAPITALS please | Date of Birth D D M M Y Y | Gender (circle) M F

First name(s) - Block CAPITALS please | Category (circle) NHS PP Cat 2 | Tick if: fasted urgent | Phone x2326 if pick-up required

Patient's address – first line plus postcode

Requesting clinician (name or code) – block CAPITALS please | Ward/clinic or surgery

For additional copy reports state doctor and location

Sample date D D M M Y Y | time (24hr clock) H H M M | Taken and labelled by (sign)

For lab use only

Lab use only

REQUESTS (please tick black boxes). Refer to separate guidance on tube requirements.

U/E		(R)	Vancomycin		(VANC)	INR (Warf)		(INR)
Liver		(L2)	Gentamycin		(GENT)	APTT		(APTT)
Bone		(BONE)				Coag screen		(CS)
Lipids		(LIP)	FBC		(FBC)			
CRP		(CRP)	Viscosity		(PV)			
Glucose		(G)	Glycated Hb		(GHB)			
TSH		(T)	GF screen		(GF)			
B12 & Fol		(BF)	Rh. Factor		(RF)			
Ferritin		(FER)						

Sample type if not blood (circle): Urine Faeces CSF Other.....

Additional tests:

Clinical reason(s) for requests. Include drug doses/times if applicable - :