

**PATIENT**

Self Pay  Insurance  Invoice Practitioner  Embassy

PATIENT ID																				
TITLE																				
SURNAME																				
FORENAME																				
DOB			/			/														
GENDER																				

When completing this form please provide at least three unique identifiers for your patient.

**PRACTITIONER**

CAPITAL letters please

Practitioners full name: \_\_\_\_\_  
Practice address: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
Email: \_\_\_\_\_  
Copy to: \_\_\_\_\_

**Clinical Details:** \_\_\_\_\_ **Fasting Sample**

\_\_\_\_\_

\_\_\_\_\_

PROFILES	TICK	SAMPLES
<b>(PP1L – Biochemistry + Lipids)</b> = U/E + LFTs + CK + LDH+ Calcium + Phosphate + Uric Acid + Glucose + Iron + Lipid Profile		1x SST +1x grey top
<b>(PP2L – Biochemistry + Haem+ Lipids)</b> FBC+ESR+U/E + LFTs + CK + LDH+ Calcium + Phosphate + Uric Acid + Glucose + Iron + Lipid Profile		1x SST +1x EDTA + 1x grey top
<b>(PP6L – General Well Person)</b> = PP2L + TSH + FT4 + Ferritin		1x SST +1x EDTA + 1x grey top
<b>(PP7L – Well Man Profile)</b> = PP2L + TSH + FT4 + Ferritin + Prostate Profile		1x SST +1x EDTA + 1x grey top
<b>(PP8L – Well Woman Profile)</b> = PP2L + TSH + FT4 + Ferritin + Vitamin D (25-0H)		1x SST +1x EDTA + 1x grey top

Haematology	
FBC <input type="checkbox"/> ESR <input type="checkbox"/> HbA1C <input type="checkbox"/>	1x EDTA
G6PD <input type="checkbox"/>	1x EDTA
Malaria Parasites <input type="checkbox"/>	
Paul Bunnell/Monospot <input type="checkbox"/>	
Haemoglobin Electrophoresis <input type="checkbox"/>	
Group and Save <input type="checkbox"/>	1x 9 mL (big tube) EDTA handwritten label

Biochemistry	
U/E <input type="checkbox"/> LFTs <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Phosphate <input type="checkbox"/> Calcium <input type="checkbox"/> Uric acid <input type="checkbox"/> CK (total) <input type="checkbox"/> LDH <input type="checkbox"/> CRP <input type="checkbox"/> hsCRP <input type="checkbox"/> Vitamin D (25-0H) <input type="checkbox"/> Active B12 <input type="checkbox"/> Ferritin <input type="checkbox"/> Folate <input type="checkbox"/> Iron <input type="checkbox"/>	1x SST
TIBC + (Transferrin saturation) <input type="checkbox"/>	1x SST
Glucose <input type="checkbox"/>	1x grey top

Coagulation	
Coagulation Profile 1 (INR + Fibrinogen + APTT) <input type="checkbox"/>	1x full citrate (short samples will be rejected)
D-Dimmer <input type="checkbox"/>	

Thyroid and Immunology	
TSH <input type="checkbox"/> FT4 <input type="checkbox"/> FT3 <input type="checkbox"/>	1x SST
Thyroid Antibodies <input type="checkbox"/> Thyroglobulin assay <input type="checkbox"/>	1x SST
Parathyroid Hormone (whole) <input type="checkbox"/> TSH-receptor Abs <input type="checkbox"/>	1x SST
ANCA <input type="checkbox"/> CCP abs <input type="checkbox"/> Rheumatoid factor <input type="checkbox"/> DNA(D-S) abs <input type="checkbox"/> ENA <input type="checkbox"/> ANAB <input type="checkbox"/> Autoantibody Profile 1 <input type="checkbox"/>	1x SST
Gluten Sensitivity evaluation <input type="checkbox"/>	1x SST

<b>Endocrinology and Fertility</b>	
FSH [ ] LH [ ] Oestradiol [ ] Progesterone [ ] Prolactin [ ] SHBG [ ] Testosterone [ ] Free Testosterone Index (Calc) [ ] Total Bhcg [ ]	1x SST
AMH [ ] DHEA-S [ ] Cortisol [ ] Insulin [ ] Aldosterone [ ]	1x SST
Hirsutism Profile [ ] FSH, LH, Testosterone, DHEAs, SHBG	1x SST
Female Hormone Profile [ ] FSH, LH, Prolactin, Oestradiol	1x SST
Full endocrine check (ENDO) [ ] FSH, LH, Oestradiol, Prolactin, Progesterone, Testosterone, SHBG, Free Testosterone Index (Calc)	1x SST
<b>Tumour markers</b>	
CA 125 [ ] CEA [ ] CA 15-3 [ ] CA 19-9 [ ] Prostate Profile [ ] LDH [ ] HCG [ ]	1x SST
AFP [ ] CA 50 (bladder) [ ] HE4+ROMA [ ]	1x SST
Calcitonin [ ] Osteocalcin [ ]	1x SST (frozen)
<b>Cardiology – Chest pain</b>	
Troponin T [ ] BNP (Pro- BNP) [ ] CK-(MB fraction) [ ] Myoglobin [ ]	1x SST
<b>Urine tests</b>	
Urinalysis - chemistry [ ]	1x random urine
Urine Culture [ ]	1x mid stream urine (advise patient how to collect)
Urine Cytology [ ]	1x early morning first catch Cytology pot (blue lid)
<b>Cervical Cytology</b>	
Cervical Cytology (smear) [ ] *HPV not included, order below	1x thin prep vial
HPV [ ]	
HPV20 [ ]	
<b>Sexual Health</b>	
HIV [ ] HBsAg [ ] Hepatitis C abs [ ] Syphilis abs [ ]	1x SST
7 STI [ ]	1x PCR swab (purple) (or Urine)
High Vaginal Swab [ ]	1x blue culture swab
Chlamydia and Gonorrhoea by PCR [ ]	1x PCR swab (purple)
Chlamydia and Gonorrhoea urine [ ]	1x first catch urine
<b>Other Tests / Profiles</b> (please write in CAPITAL letters):	

**Requesting Practitioner:**

**Order Date / Time:**

**Phlebotomist:**

**Sample Date / Time:**

**For Laboratory use only:** Sample received by (date / time / initials):

Samples received: SST: EDTA: CITR: FOXAL: LHEP: SHEP: OTHERS:

Please inform your patient that a phlebotomy fee applies