PATENT NO. 2221208 B

A JONES & BROOKS EASISEAL SPECIMEN FORM

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?

PRESS FIRMLY ON EACH END TO ENSURE A LEAKPROOF SPECIMEN CARRIER

PATHOLOGY REQUEST

JB:74436

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Form No: RQF157
Issue No: 2.01
Active Date: 16/06/2017

Hospital No.	Consultant/G.P.	
Surname	Ward/Surgery	Lab. No.
Forename	G.P. Address	
Address		
	Copy To	
Male ☐ Female ☐ Date of Birth / /		Urgent ☐ Routine ☐

SPECIMEN TYPE Blood ☐ Urine ☐ MSU ☐ CSU ☐ Sputum ☐ Faeces ☐ *Swab ☐ *Fluid ☐ *Tissue ☐

*PLEASE STATE TYPE BELOW

CLINICAL DIAGNOSIS AND THERAPY

Date collected: ..../......../........

Time collected: ....

BIOCHEMISTRY		HAEMATOLOGY		IMMUNOLOGY		MICROBIOLOGY	
Lipid Profile	☐	FBC / Differential	☐	Hep. B Antibody (Immunity)	☐	AFB/TB Culture	☐
Renal Profile	☐	ESR	☐	Rubella IgG (Immunity)	☐	C. Difficile Screen	☐
Liver Profile	☐	Blood Film	☐	Hep B Surface Ag.	☐	Culture & Sensitivity	☐
Bone Profile	☐	Blood Group	☐	Hep C	☐	Fungal Culture	☐
Glucose	☐	Antibody Screen	☐	HIV	☐	Norovirus	☐
PSA	☐	Monospot	☐	C-Reactive Protein	☐	Occult Blood	☐
TSH	☐	PT (INR)	☐	RF	☐	Ova Parasites	☐
Ferritin	☐	APTT	☐	TPO	☐	PCR Gonorrhoea/Chlamydia	☐
Vitamin B12	☐	Coagulation Screen	☐	TTG (Coeliac)	☐	Quantiferon TB	☐
Serum Folate	☐	Please tick if patient on		IgE Total	☐	*Swab Site________	
Fasting ☐ Non Fasting	☐	**Warfarin**	☐	Other Auto Antibody (Please specify) ________		*Fluid Type________	
		Heparin	☐	________		*Tissue Site________	
Other Tests				Allergens (Please specify) ________ ________			

USE DESIGNATED FORMS FOR HISTOLOGY & GYNAE CYTOLOGY