

# CLINICAL PATHOLOGY

## TEST REQUEST FORM

Laboratory Use Only

Patient Barcode Label

**PLEASE USE BLOCK CAPITAL LETTERS TO FILL IN THE FORM AND TICK THE APPROPRIATE BOXES**

### Patient Information

Surname:                     

Forename:                     

DOB:   /   /     Male ☐ Female ☐

Patient ID Number:                     

### Requesting Physician

Name: 

Address: 



Tel:  Fax: 

### Clinical Details:

Sample Collection: Date:   /   /     Time:  :  Fasting ☐ Urgent ☐

Drug therapy (please specify)  Ethnic Origin (details if relevant) 

Specimen Type: EDTA ☐ SST ☐ MSU ☐ STOOL ☐ 24hr Urine ☐ Fluid ☐ (Specify: )

Frequently Requested Tests	Code	Select	Frequently Requested Tests	Code	Select
Haematology	UKP01	<input type="checkbox"/>	Thyroid Profile 3	UKP19	<input type="checkbox"/>
Liver Function	UKP02	<input type="checkbox"/>	Thyroid Profile 4	UKP20	<input type="checkbox"/>
Kidney Function	UKP03	<input type="checkbox"/>	Pituitary Function Profile	UKP21	<input type="checkbox"/>
Bone Profile	UKP04	<input type="checkbox"/>	Male Hormone Profile	UKP22	<input type="checkbox"/>
Lipid Profile	UKP05	<input type="checkbox"/>	Female Hormone Profile	UKP23	<input type="checkbox"/>
Biochemistry Profile	UKP06	<input type="checkbox"/>	Amenorrhoea Profile	UKP24	<input type="checkbox"/>
Biochemistry + Haem Profile	UKP07	<input type="checkbox"/>	Thrombotic Profile	UKP25	<input type="checkbox"/>
Anaemia Profile	UKP08	<input type="checkbox"/>	Clotting Screen 1	UKP26	<input type="checkbox"/>
Well Person Profile	UKP09	<input type="checkbox"/>	Clotting Screen 2	UKP27	<input type="checkbox"/>
Well Man Profile	UKP10	<input type="checkbox"/>	Hepatitis Screen	UKP28	<input type="checkbox"/>
Well Women Profile	UKP11	<input type="checkbox"/>	Hepatitis B Profile	UKP29	<input type="checkbox"/>
Cardiac Risk Profile	UKP12	<input type="checkbox"/>	Immunity Screen	UKP30	<input type="checkbox"/>
60+ Male Profile	UKP13	<input type="checkbox"/>	Lyme Screen	UKP31	<input type="checkbox"/>
60+ Female Profile	UKP14	<input type="checkbox"/>	Sexual Health Full Urine Screen	UKP32	<input type="checkbox"/>
Metabolic Syndrome Profile	UKP15	<input type="checkbox"/>	Sexual Health Full Blood Screen	UKP33	<input type="checkbox"/>
Polycystic Ovary Panel	UKP16	<input type="checkbox"/>	Chlamydia & N. Gonorrhoea	UKP34	<input type="checkbox"/>
Thyroid Profile 1	UKP17	<input type="checkbox"/>	Autoimmune	UKP35	<input type="checkbox"/>
Thyroid Profile 2	UKP18	<input type="checkbox"/>	Comprehensive Profile	UKP36	<input type="checkbox"/>

### OTHER PROFILES AND TESTS. Please specify:

### Payment:

To be paid by Doctor/Clinic: ☐

To be paid by Patient: ☐ Patient Address: 


Postcode:  Telephone: