

# BLOOD SCIENCES

NHS Number\*

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\* Mandatory fields

Urgent

Hospital Number\* Write details or place PID sticker here

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Family Name (i.e. Surname)\*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Given name (i.e. Forename)\*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address\*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Post Code\*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Patient Contact Phone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth\* (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Female

Male

Date of Collection\* (DD/MM/YY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Private

NHS

Time of Collection (HH:MM)

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Fasting

Non-fasting

Relevant clinical details (please do not request tests here)

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Trials

High Risk

Urgent

\* Hospital

M'stone Hosp

TWH

Other Hospital

Consultant Code\*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Ward/GP Surgery/Clinic Code\* (Report destination)

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GP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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GP Name

Extra Copy of Report to (consultant/GP name/address)

Collected by\* (Print Name and sign)

Telephone or bleep number of requestor

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date/Time Received (Blood Science Use ONLY)

**Specimen Type**

BLOOD     
  Random URINE     
  24 hour URINE  
 Other: .....

**EDTA**

Purple top

**HAEMATOLOGY**

**EDTA (Purple top)**  
 FBC     
  ESR  
**Plain Clotted (red top)**  
 B12 & folate  
 Rheumatoid factor  
**Citrated (Blue top)**  
 INR  
 Coagulation Screen  
 (do not request if on warfarin)

Haematology other tests

**Citrate**

Blue top

**SST**

Gold top

**CLINICAL BIOCHEMISTRY**

**Serum Separator (Gold top)**  
 eGFR/Na/K/Cr  
 Urea  
 LFT  
 Calcium  
 Non-fasting lipids  
 Fasting lipids  
 Cholesterol  
**Serum Separator (Gold top)**  
 PSA  
 CRP  
 Thyroid function tests  
 Urate  
 GGT  
 Ferritin  
**EDTA (Purple top)**  
 HbA1c  
**Urine**  
 ACR (Urine Alb. Creat. Ratio)

Biochemistry other tests

**Fluoride Oxalate**

Grey top

**Serum**

Red top

**Urine**

**Immunology**

**Serum Separator (Gold top) (use Red top for Paeds)**  
 ANA     
  Coeliac screen  
 Liver antibodies

Immunology other tests

**Other**