

# Laboratory Request Form



**Note: Separate Request Forms are required for Blood Transfusion & Anatomical Pathology (Unilabs)**  
Please complete all known information on this form and email to [CCLREFERRALS@ccf.org](mailto:CCLREFERRALS@ccf.org) or fax to 0207 890 4466

Laboratory Use Only			Patient Information	
<input type="checkbox"/> Fasting <input type="checkbox"/> Non-Fasting <input type="checkbox"/> Random <input type="checkbox"/> 24 Hour	<b>Sample Type:</b> <input type="checkbox"/> Blood <input type="checkbox"/> Faeces <input type="checkbox"/> Urine <input type="checkbox"/> CSF <input type="checkbox"/> Fluid <input type="checkbox"/> Swab <input type="checkbox"/> Sputum <input type="checkbox"/> Other	Title: Patient Forename: Patient Surname: Date of Birth (DD/MM/YYYY):    Sex: NHS/MRN No (If known): Patient Address: Post code: Telephone/Mobile No: Email: Relevant Clinical Details:		
<b>Anatomical Site(s):</b>			Telephone/Mobile No: Email: Relevant Medicines: Time of last dose (If relevant):	
<b>Priority:</b> <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	<b>High Risk:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Specimen Collection:</b> Date: Time:	Requestor details	
Requestor Name: Requestor Address: Post code: Telephone/Mobile No.: Email: GMC Number:			Requestor Name: Requestor Address: Post code: Telephone/Mobile No.: Email: GMC Number:	

PROFILES	CARDIAC	AFP	HAEMATOLOGY	Hepatitis HAVM, HBsAg, HCVcAb, HCVcAg	High Vaginal Swab (HVS) Other Swab
<input type="checkbox"/> Biochemistry (Bio)	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Beta-HCG	<input type="checkbox"/> Full Blood Count (5-Part Diff)	<input type="checkbox"/> HIV (HIV I/II)	<b>ALLERGY</b>
<input type="checkbox"/> Bio/HDL	<input type="checkbox"/> D-Dimer	<b>FAECES</b>	<input type="checkbox"/> Blood Film	<input type="checkbox"/> Hep ABC (HEPA, HBsAg, HBsAb, HBCAg HCVcAb, HCVcAg)	<input type="checkbox"/> UK Allergy Profile <input type="checkbox"/> Food & Inhalents
<input type="checkbox"/> Haem/Bio	<input type="checkbox"/> NT-pro BNP	<input type="checkbox"/> Calprotectin	<input type="checkbox"/> Malarial Parasite Film	<input type="checkbox"/> Hep B (Core Ablgm)	<input type="checkbox"/> Inhalents
<input type="checkbox"/> Haematology (Haem)	<b>HORMONES</b>	<input type="checkbox"/> QFIT	<input type="checkbox"/> Reticulocytes	<input type="checkbox"/> HBC (Hep B Core Ablgm to Core Ab IgM)	<input type="checkbox"/> Food
<input type="checkbox"/> Haem/Bio (Short)	<input type="checkbox"/> Thyroid Profile 1	<input type="checkbox"/> Amylase	<input type="checkbox"/> Sickle Screen (Hb-solubility)	<input type="checkbox"/> STD2 (HIV/II, HbsAg, HCVcAB, HCVcAg, Syp, CT, NG, MG, TV, GV) Ureaplasma HS I/II by PCR)	<b>IMMUNOLOGY &amp; RHEUMATOLOGY</b>
<input type="checkbox"/> LFT 1	<input type="checkbox"/> Thyroid Profile 2	<b>OTHER COMMON TESTS</b>	<input type="checkbox"/> Hb Electrophoresis	<input type="checkbox"/> STD4 (HIV/II, HbsAg, HCVcAB, HCVcAg, Syp, CT, NG, MG, TV, GV) Ureaplasma HS I/II by PCR)	<input type="checkbox"/> Gluten Sensitivity <input type="checkbox"/> Coeliac Disease Profile
<input type="checkbox"/> LFT 2 (Extended)	<input type="checkbox"/> Thyroid Profile 3	<input type="checkbox"/> Amylase	<input type="checkbox"/> Prothrombin Time/INR	<input type="checkbox"/> Serum Folate	<input type="checkbox"/> Gluten Allergy Profile
<input type="checkbox"/> Bone profile (Inc Urines)	<input type="checkbox"/> Male Hormone Profile	<input type="checkbox"/> Random Blood Glucose	<input type="checkbox"/> Coag Profile (PT, APTT, FIB)	<input type="checkbox"/> Iron Status Profile	<input type="checkbox"/> Autoantibody Profile 1 <input type="checkbox"/> Autoantibody Profile 1
<input type="checkbox"/> Bone profile 1	<input type="checkbox"/> Erectile Dysfunction	<input type="checkbox"/> HbA1C (Glycosylated Hb)	<input type="checkbox"/> Thrombotic Risk Profile	<input type="checkbox"/> Factor V Leiden (Mutation)	<input type="checkbox"/> RH (Haem, UA, RF, ACCP, CRP) <input type="checkbox"/> RH2 (Connective Tissue) <input type="checkbox"/> RH3 (Rheumatoid Disease) <input type="checkbox"/> RH4 (SLE)
<input type="checkbox"/> Lipid profile	<input type="checkbox"/> Prolactin	<input type="checkbox"/> Vitamin D (25 OH)	<b>ANAEMIA</b>	<input type="checkbox"/> Mineral Profile (Cal, Mg, Zn, Fe, Cu, Chrm, Mgn)	<b>GENETICS</b>
<input type="checkbox"/> Cardiovascular Risk Profile	<input type="checkbox"/> Testosterone	<input type="checkbox"/> Vitamin B2	<input type="checkbox"/> Ferritin	<input type="checkbox"/> Sputum	<input type="checkbox"/> ASHJ (Jewish Carrier)
<input type="checkbox"/> Cardiovascular Risk Profile Plus	<input type="checkbox"/> SHBG	<input type="checkbox"/> Vitamin B6	<input type="checkbox"/> B12 & Red Call Folate	<input type="checkbox"/> Sputum TB (AFB)	<input type="checkbox"/> GENE (Pan Ethnic Carrier)
<input type="checkbox"/> Well Person Screen 1 (Haem/Bio, T4, TSH, Ferritin)	<input type="checkbox"/> Female Hormone Profile <input type="checkbox"/> Anti Mullerian Hormone	<input type="checkbox"/> Vitamin B12	<input type="checkbox"/> Serum Folate	<input type="checkbox"/> Fluid	<input type="checkbox"/> RMP (Recur Misc Profile-Female) <input type="checkbox"/> PROP (Thrombotic rick Profile) <input type="checkbox"/> DVT1 (DVT/Pre travel Screen) <input type="checkbox"/> IOP (Iron Overload Profile)
<input type="checkbox"/> Well Person Screen 2 (Haem/Bio/HDL, T4, TSH, Ferritin)	<input type="checkbox"/> Menopausal Profile <input type="checkbox"/> Amenorrhoea Profile	<input type="checkbox"/> Creatinine Clearance	<input type="checkbox"/> Iron Status Profile	<input type="checkbox"/> Fluid Crystals	
<input type="checkbox"/> Well Man Screen (Haem/Bio/HDL, T4, TSH, PSA Ferritin)	<input type="checkbox"/> Polycystic Ovarian Syndrome <input type="checkbox"/> Hirsutism Profile	<input type="checkbox"/> Calcium <input type="checkbox"/> Serotonin <input type="checkbox"/> 5H1AA	<input type="checkbox"/> Factor V Leiden (Mutation)	<input type="checkbox"/> Wound Swab	
<input type="checkbox"/> Well Person Screen 1 plus VITD	<b>TUMOUR MARKERS</b>	<input type="checkbox"/> Catecholamines	<input type="checkbox"/> Paul Bunell / IM	<input type="checkbox"/> MRSA 1 Specify No of Swabs	
<input type="checkbox"/> Well Person Screen 2 plus VITD	<input type="checkbox"/> CA 125 (Ovarian) <input type="checkbox"/> CA 15.3 (Breast) <input type="checkbox"/> CA 19.9 (Pancriatic)	<input type="checkbox"/> Metanephrines <input type="checkbox"/> Oxalate <input type="checkbox"/> Phosphate	<input type="checkbox"/> C-Reactive Protein <input type="checkbox"/> SARS-CoV-2 PCR (NCOV)	<input type="checkbox"/> Ear Swab	
<input type="checkbox"/> Senior Male Profile 60+	<input type="checkbox"/> CEA	<input type="checkbox"/> VMA	<input type="checkbox"/> Needle Stick Injury (STDx) (HIV, HBV, HCV, PCR Day 10 PO)	<input type="checkbox"/> Throat Swab	
<input type="checkbox"/> Senior Female Profile 60+	<input type="checkbox"/> Prostate Profile		<input type="checkbox"/> Needle Stick Save Serum		
<input type="checkbox"/> Sexual Health Profile (7STI PCR Screen)					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Role: \_\_\_\_\_