

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 or fax to 0207 890 4466

For referral appointments by telephone please call our dedicated Referrals Line on 0203 423 7777

Laboratory Use Only			Patient Information		
☐ Fasting	Sample Type: ☐ Blood ☐ Faeces ☐ Urine ☐ CSF ☐ Fluid ☐ Swab ☐ Sputum ☐ Other		Title:		
☐ Non-Fasting			Patient Forename:		
☐ Random			Patient Surname:		
☐ 24 Hour			Date of Birth (DD/MM/YYYY): Sex:		
Anatomical Site(s):			NHS/MRN No (If known):		
			Patient Address:		
			Post code:		
			Telephone/Mobile No:		
Priority: ☐ Urgent ☐ Routine	High Risk: ☐ Yes ☐ No	Specimen Collection: Date: Time:	Email:		
Requestor details Requestor Name: Requestor Address: Post code: Telephone/Mobile No.: Email: GMC Number:			Relevant Clinical Details:		
			Relevant Medicines:		
			Time of last dose (If relevant):		
PROFILES	CARDIAC	☐ AFP	HAEMATOLOGY	☐ Hepatitis HAVM, HBsAg, HCVcAb, HCVcAg	☐ High Vaginal Swab (HVS)
☐ Biochemistry (Bio)	☐ Chest Pain	☐ Beta-HCG	☐ Full Blood Count (5-Part Diff)	☐ HIV (HIV I/II)	☐ Other Swab
☐ Bio/HDL	☐ D-Dimer	FAECES	☐ Blood Film	☐ Hep ABC (HEPA, HBsAg, HBsAb, HBCAg HCVcAb, HCVcAg)	ALLERGY
☐ Haem/Bio	☐ NT-pro BNP	☐ Calprotectin	☐ Malarial Parasite Film	☐ Hep B (Core AbIgm)	☐ UK Allergy Profile
☐ Haematology (Haem)	HORMONES	☐ QFIT	☐ Reticulocytes	☐ HBC (Hep B Core AbIgm to Core Ab IgM)	☐ Food & Inhalents
☐ Haem/Bio (Short)	☐ Thyroid Profile 1	☐ Amylase	☐ Sickie Screen (Hb-solubility)	☐ STD2 (HIV/II, HbsAg, HCVcAb, HCVcAg, Syp, CT, NG, MG, TV, GV) Ureaplasma HS I/II by PCR)	☐ Inhalents
☐ LFT 1	☐ Thyroid Profile 2	OTHER COMMON TESTS	☐ Hb Electrophoresis	☐ STD4 (HIV/II, HbsAg, HCVcAb, HCVcAg, Syp, CT, NG, MG, TV, GV) Ureaplasma HS I/II by PCR)	☐ Food
☐ LFT 2 (Extended)	☐ Thyroid Profile 3	☐ Amylase	☐ Prothrombin Time/INR	☐ MC&S	IMMUNOLOGY & RHEUMATOLOGY
☐ Bone profile (Inc Urines)	☐ Male Hormone Profile	☐ Random Blood Glucose	☐ Coag Profile (PT, APTT, FIB)	☐ MSU (Microscopy & Culture)	☐ Gluten Sensitivity
☐ Bone profile 1	☐ Erectile Dysfunction	☐ HbA1C (Glycosylated Hb)	☐ Thrombotic Risk Profile	☐ Stool OCP/Culture	☐ Coeliac Disease Profile
☐ Lipid profile	☐ Prolactin	☐ Vitamin D (25 OH)	ANAEMIA	☐ Sputum	☐ Gluten Allergy Profile
☐ Cardiovascular Risk Profile	☐ Testosterone	☐ Vitamin B2	☐ Ferritin	☐ Sputum TB (AFB)	☐ Autoantibody Profile 1
☐ Cardiovascular Risk Profile Plus	☐ SHBG	☐ Vitamin B6	☐ B12 & Red Cell Folate	☐ Fluid	☐ Autoantibody Profile 1
☐ Well Person Screen 1 (Haem/Bio, T4, TSH, Ferritin)	☐ Female Hormone Profile	☐ Vitamin B12	☐ Serum Folate	☐ Fluid Crystals	☐ RH (Haem, UA, RF, ACCP, CRP)
☐ Well Person Screen 2 (Haem/Bio/HDL, T4, TSH, Ferritin)	☐ Anti Mullerian Hormone	24HR URINE	☐ Iron Status Profile	☐ Wound Swab	☐ RH2 (Connective Tissue)
☐ Well Person Screen 2 (Haem/Bio/HDL, T4, TSH, Ferritin)	☐ Menopausal Profile	☐ Creatinine Clearance	☐ Factor V Leiden (Mutation)	☐ MRSA 1 Specify No of Swabs	☐ RH3 (Rheumatoid Disease)
☐ Well Person Screen 2 (Haem/Bio/HDL, T4, TSH, Ferritin)	☐ Amenorrhea Profile	☐ Calcium	☐ Mineral Profile (Cal, Mg, Zn, Fe, Cu, Chrm, Mgn)	☐ Ear Swab	☐ RH4 (SLE)
☐ Well Man Screen (Haem/Bio/HDL, T4, TSH, PSA Ferritin)	☐ Polycystic Ovarian Syndrome	☐ Serotonin	INFECTION	☐ Throat Swab	GENETICS
☐ Well Person Screen 1 plus VITD	TUMOUR MARKERS	☐ 5H1AA	☐ Paul Bunell / IM		☐ ASHU (Jewish Carrier)
☐ Well Person Screen 2 plus VITD	☐ Catecholamines	☐ Metanephrines	☐ C-Reactive Protein		☐ GENE (Pan Ethnic Carrier)
☐ Senior Male Profile 60+	☐ CA 125 (Ovarian)	☐ Oxalate	☐ SARS-CoV-2 PCR (NCOV)		☐ GRP (Genetic Repro Profile Male)
☐ Senior Female Profile 60+	☐ CA 15.3 (Breast)	☐ Phosphate	☐ Needle Stick Injury (STDx) (HIV, HBV, HCV, PCR Day 10 PO)		☐ RMP (Recur Misc Profile-Female)
☐ Sexual Health Profile (7STI PCR Screen)	☐ CA 19.9 (Pancreatic)	☐ VMA	☐ Needle Stick Save Serum		☐ PROP (Thrombotic risk Profile)
	☐ CEA				☐ DVT1 (DVT/Pre travel Screen)
	☐ Prostate Profile				☐ IOP (Iron Overload Profile)