THE LONDON CLINIC

Endocrinology and Diabetes Pathology request

PATIENT INFORMATION

*indicates mandatory fields

*TLC unit no. (if known) L

*Title

*DOB dd/mm/yyyy

*Surname

*Forename(s)

*Sex at birth M F

Gender:

IP OP DC

Room

☐ Glucose ☐ EDTA ☐ K2EDTA ☐ ESR

☐ LHep ☐ Other ☐ Fasting ☐ Non-fasting

Date: ____ / ____ / ____ Time: ____

Initials of Phlebotomist ____

PROVISIONAL DETAILS/DIAGNOSIS

TESTS REQUIRED

- ☐ FBC (LC1 Haematology Profile)
- ☐ LFTB (Endocrinology LFT / Cal Profile)
- ☐ LC2B (U&E, LFT, Cal profile)
- ☐ THYROID1 (TFT Profile - FT4, TSH)
- ☐ THYROID3 (TFT Profile - FT3, FT4, TSH)
- ☐ THYROAB (Thyroid Antibodies)
- ☐ RHEUMF (Rheumatoid Factor Antibodies)
- ☐ ELECTROP (Protein Electrophoresis)
- ☐ ENDOM (Anti-Endomyseal Antibodies)
- ☐ ESR
- ☐ GLUCO (Glucose)
- ☐ FT3 (Free T3)
- ☐ FT4 (Free T4)
- ☐ TSH
- ☐ THYROG (thyroglobulin)
- ☐ GLYCA (Glycated Hb)
- ☐ ACTH
- ☐ ILGF1
- ☐ INSUL (Insulin Assay)
- ☐ FOLATE (Serum Folate)
- ☐ FERRI (Ferritin)
- ☐ GH (Growth Hormone)
- ☐ VITD1 (Vit D - 25 Hydrox)
- ☐ VITB12
- ☐ TSHREC (TSH Receptor Anti)

- ☐ AUTOAN3 (Tissue Antibodies - Endocrinology)
- ☐ END 61 (Coeliac screen - for IgA deficiency pt)
- ☐ COELI (Standard Coeliac Screen)
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- ☐ DIABNP (Diabetes New Patient Profile)
- ☐ DIABFU (Diabetes Follow-up Profile)
- ☐ DIABGM (Diabetes General Medical Profile)
- ☐ HOMOC (Homocysteine)
- ☐ LC3B (FBC,ESR,LC2B)
- ☐ Iron
- ☐ TIBC
- ☐ FSH
- ☐ LH
- ☐ PROL (Prolactin - Prl)
- ☐ OEST (Oestradiol - E2)
- ☐ 17PROG (17OH Progesterone)
- ☐ PROG (Progesterone)
- ☐ TEST (Testosterone)
- ☐ ANDRO (Androstenedione A4)
- ☐ SHBG
- ☐ CORTISO (Cortisol - F)
- ☐ RENIN (Renin - lying)
- ☐ ALDOS (Aldosterone - lying)
- ☐ DHEA (DEAS)
- ☐ PTH

- ☐ LIPID (Lipid Profile - Lipid & Glucose)
- ☐ BOUL1 (FBC,ESR Iron LC2B TIBC LIPB)
- ☐ CRP (C Reactive Protein)
- ☐ PROTH (INR)
- ☐ CHEW1 (LC2B, Urate, Mag, TIBC,Fe)
- ☐ CHEW2 (FBC ESR + CHEW1)
- ☐ Zinc

- ☐ OSMOL (OSMO - serum)
- ☐ CATECP (Cats - serum)
- ☐ HCG (Beta HCG)
- ☐ PSA
- ☐ AFP
- ☐ DHT (Dihydrotesterone)
- ☐ Met//N Met (Metanephrine)
- ☐ CALCIT (Calcitonin)
- ☐ GUT (G.I. Hormone)
- ☐ CPEPT (C-Peptide)
- ☐ OSMOLU (Osmo - U)
- ☐ CATECU (Cats 24 hr (U) x 1 / 2)
- ☐ HIAA (5HIAA 24hr (U) x 1/2)
- ☐ CORTIU (Urine Cortisol x 1/2)

☐ Other tests – please specify ____

Consultant's name ____

Consultant's signature ____ Date ____ / ____ / ____

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PHLEBOTOMY OPENING HOURS

Monday to Friday
8.00am – 7.00pm

Saturday
9.00am – 1.00pm