

PATIENT INFORMATION

**indicates mandatory fields*

*TLC unit no. (if known)

M no.

*Title *DOB dd/mm/yyyy

*Surname

*Forename(s)

*Gender

Surgery date

Procedure

Physician /Surgeon

Payment method ☐ Insurance ☐ Embassy ☐ Self-Pay ☐ Sponsor

Patient's tel no.

Patient's address

Copy of reports to

CLINICAL INFORMATION

***Clinical details / provisional diagnosis:**

Specimen type(s): ☐ EDTA ☐ SST ☐ Citrate ☐ Lith hep ☐ K2 ☐ Trace metals Is patient fasting? ☐ Yes ☐ No

Date and time are essential for data interpretation and auditing of turnaround time.

***Date and time of collection:** / / @ hrs **Priority:**

Infection: ☐ Yes ☐ No If yes: ☐ Covid ☐ HIV ☐ MRSA ☐ hepatitis

Biochemistry

- ☐ LCP2E PRE Biochemistry Screen + U & E (Sodium, potassium, urea, creatinine, eGFR, calcium, adjusted calcium, phosphate, albumin total protein, total bilirubin, ALT, gammaGT, ALP, glucose)
- ☐ PRE CRP

Transfusion

- ☐ PRE Blood Group and Antibody Screen
- Previous transfusion ☐ Yes ☐ No If yes, date: / /
- Known antibodies ☐ Yes ☐ No Specify:
- Planned admission date / /
- Previous pregnancy ☐ Yes ☐ No

Haematology

- ☐ LCP1 PRE Full Blood Count
- ☐ Clotting profile
- ☐ HbA1c

Other Pathology Investigations and Reasons:

Microbiology

- ☐ Pre Covid (Nose & throat)
- ☐ PRE MRSA Culture (Nose throat & groin)
- ☐ PRE MRSA PCR (Nose throat & groin)
- ☐ PRE MDR (Nose throat & groin)
- ☐ PRE CRO (Rectal)
- ☐ PRE MC&S Specimen type/site:
- Time: Date: / /
- Is the patient receiving antibiotics ☐ Yes ☐ No
- If yes, please specify:

Collector's signature Date / /



* Q 4 F *



* D K N S 4 2 R *