THE LONDON CLINIC

Pathology request

PATIENT INFORMATION

indicates mandatory fields

*TLC unit no. (if known) L

*Title

*DOB dd/mm/yyyy)

*Surname

*Forename(s)

*Gender M F

IP OP DC

Room

*Referrer's full name and contact details / or practice stamp

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

Payment provider

Member no.

Authorisation no.

Patient's tel no.

Patient's email

Patient's address

Copy of reports to

CLINICAL INFORMATION

***Clinical details / provisional diagnosis:**

Specimen type(s): ☐ EDTA ☐ SST ☐ Citrate ☐ Lith hep ☐ Fluoride ☐ Plain ☐ 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 & haematology screen (LC3)
☐ Biochemistry screen (LC2)
☐ Bone profile/Calcium
☐ Vitamin D
☐ PTH
☐ Amylase
☐ CRP
☐ Personal screen(s)
☐ FBC (LC1)
☐ ESR
☐ Coagulation screen
☐ INR

BLOOD SCIENCES

☐ Electrolytes (LC5), urea, creatinine
☐ LFT (LC4)
☐ TFT LC7 (FT4 + TSH)
☐ Free T3
☐ Fasting Glucose + Lipids (LC6)
☐ Glucose
☐ Glycated Hb/HbAlc
☐ Urine alb/creat ratio
☐ Ferritin
☐ Urine alb/creat ratio
☐ Cortisol
☐ CK, AST, LDH
☐ Troponin I
☐ BNP
☐ B12, serum & red cell folate
☐ Fe & TIBC
☐ hCG
☐ Prolactin
☐ Oestradiol
☐ FSH
☐ LH
☐ Testosterone
☐ SHBG
☐ CEA
☐ AFP
☐ PSA
☐ LDH
☐ CA125
☐ CA15-3
☐ CA19-9
☐ Immunoglobins
☐ Serum electrophoresis
* Is patient on Daratumumab? ☐ Yes ☐ No
☐ Serum free light chains
☐ BJP screen
☐ Monospot
☐ Sickle cell screen
☐ Hb electrophoresis
☐ Malaria screen
☐ Filaria screen
☐ G6PD screen
☐ Reticulocyte
☐ Lupus screen

IMMUNOLOGY

☐ Autoantibody profile (ANF, SMA GPC, TPO, LKMA, TTGT, AMA)
☐ TGLB
☐ ENA screen (SSA, SSB, Sm, RNP, SCL70, Jo1)
☐ ANCA
☐ GBM antibodies
☐ Rheumatoid factor
☐ Anti-CCP
☐ Allergy screen 1 (common inhalants)
☐ Allergy screen 2 (common foods)
☐ ALEX² panel
☐ IgE
☐ Specific allergens please list:
☐ Coeliac screen (TTG, Gliadin, IgA, EMA)
☐ C3 & C4
☐ Anti-cardiolipin/ b2GPI
☐ Thyroid antibodies

☐ Other tests – please specify ____

Referrer's signature ____ Date ____ / ____ / ____

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22 Devonshire Place
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C Outpatient Department and Consulting Rooms
5 Devonshire Place
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E Consulting Rooms
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I Rapid Diagnostics Centre
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PHLEBOTOMY OPENING HOURS

Monday to Friday
8.00am – 7.00pm

Saturday
9.00am – 1.00pm

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