

# Laboratory Request Form

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**FOR LABORATORY USE ONLY. PLEASE AFFIX SPECIMEN NUMBER BARCODE LABEL HERE**

**Request Details (Complete Fully OR Attach an Addressograph Label):**

**Surname**

**First Name**  **Male**  **Female**

**Patient's Hospital Number**  **Date of Birth**  /  /

**Patient's Address:**

<b>Consultants Name:</b> <input type="text"/>	<b>Pease Send Results to:</b>   	<b>Copy To:</b>   
<b>Ward or Clinic Name:</b> <input type="text"/>		
<b>Signature:</b> <input type="text"/>		
<b>Contact Information:</b> <input type="text"/>		

<b>Clinical Details</b>	<b>Drug / Antibiotic Therapy / Anticoagulant:</b>
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**Date Taken:**  **Time Taken:**  **Date/Time Received:**

**SPECIMENS (Please Tick):** Blood  Urine  Stool  Swab  Other  →

**Examination Required:** Urgent  Routine

Blood Sciences ( <input checked="" type="checkbox"/> Tick )					
FBC	Full Blood Count (C)	FP	Full Profile (A)	FERRITIN	Ferritin (A)
ESR	ESR (D)	RP	Renal Profile (A)	FOLATE	Folate (A)
COAG	Coag screen (PT/APTT/FIB) (B)	LP	Liver Profile (A)	VIT B12	Vit B12 (A)
INR	INR (Warfarin) (B)	BP	Bone Profile (A)	GLUR/GLUF	Glucose (Random /fasting) (E)
APTT	APTT (Heparin) (B)	RLP/FLP	Lipid Profile (Random/Fasting) (A)	LACT	Lactate (Venous) (E)
FIB	Fibrinogen (B)	TFTs	Thyroid Function Tests (A)	BHCG	βhCG (A)
DDIMER	D Dimer (B)	IRONPR	Iron Profile (A)	PSA	PSA (F)
RETICS	Reticulocyte count (C)	AMY	Amylase (A)	HSTROP	Troponin-I HS (A)
MONO	Infectious Mononucleosis screen (C)	BNP	BNP (C)	GENP/GENT	Gentamicin (Peak/Trough)* (A)
HbA1C	HbA1C (C)	CRP	CRP (A)	VANCOR/ VANCOTR	Vancomycin* (A) (Random / Trough)
		CA	Calcium (A)	*Time of Last Dose: _____	

A: Lithium Heparin (Orange top)    B: Sodium Citrate 3.2% (Green Top)    C: EDTA 2.7mL (Pink Top)    D: Citrate (ESR) Long tube (Purple Top)  
E: Sodium Fluoride (Yellow Top)    F: Serum (White Top)

**Other Tests:**

**Microbiology - Specimen site required to ensure correct processing**

**Specimen Source / Site:**

<b>Urine</b>	<input type="checkbox"/> C&S <input type="checkbox"/> Other (please specify)	<b>Swab</b>	<input type="checkbox"/> C&S <input type="checkbox"/> Other (please specify)	<b>CSF</b>	<input type="checkbox"/> C&S <input type="checkbox"/> Cell count <input type="checkbox"/> Protein <input type="checkbox"/> Glucose <input type="checkbox"/> Other (please specify)
<b>Fluid</b>	<input type="checkbox"/> C&S <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Cell count <input type="checkbox"/> Differential <input type="checkbox"/> Gram Stain <input type="checkbox"/> Crystals <input type="checkbox"/> Other (please specify) <i>(1mL fluid in EDTA tube required for cell Count)</i> <i>If Cytology testing required please submit request on Histology form</i>	<b>Sputum</b>	<input type="checkbox"/> C&S <input type="checkbox"/> TB culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Other (please specify)		
		<b>Blood Cultures</b>	<input type="checkbox"/> Site: _____	<b>MRSA screen (Nasal / Groin /Axilla)</b>	<input type="checkbox"/>
		<b>Fungal Culture</b>	<input type="checkbox"/> Nail clippings <input type="checkbox"/> Hair <input type="checkbox"/> Skin Scrapings	<b>MSSA screen (Nasal / Groin)</b>	<input type="checkbox"/>
<b>Stool</b>	<input type="checkbox"/> Culture <input type="checkbox"/> C. Difficile <i>Ova &amp; Parasites** (performed only with relevant clinical details)</i>	<b>Tissue</b>	<input type="checkbox"/> C&S <input type="checkbox"/> Other (please specify)	<b>CRE Screen</b>	<input type="checkbox"/>
				<b>VRE Screen</b>	<input type="checkbox"/>
				<b>Other Microbiology Test requests:</b>	

**Serology / Immunology (Order either profiles or individual Investigations as appropriate)**      **Blood Transfusion (Please use Blood Transfusion request form)**  
**Histopathology/Cytology (Please Use Histopathology request form)**