

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?

PRESS FIRMLY ON EACH END TO ENSURE A LEAKPROOF SPECIMEN CARRIER

Affix a DANGER OF INFECTION label on this form when appropriate



DIRECTORATE OF PATHOLOGY - DERRIFORD COMBINED LABORATORY Clinical Biochemistry - Haematology Derriford Hospital, Derriford Road, Plymouth PL6 8DH - Tel No: 01752 792401 Fax: 08451 558231 Immunology - Molecular Biology



Date of collection: D D M M Y Y Time of collection: H H M M H

Specimen Type: Blood [] Other (state) [] Pregnant? [] /40 Status: NHS [] Private []

The patient has stated that they do not wish this sample to be used for education (Please mark "bubbles" [] in BLACK, thus [])

Reason for request: (include Clinical Details / Drugs / Treatment / Onset date) Please write clearly

EDTA - Purple Top: BC [] Blood Count, R [] Reticulocytes, HBA1 [] HbA1c Citrate - Light Blue Top: [] INR (Warfarin), [] APTR (Heparin), [] Clotting Screen Fluoride - Grey Top: 6 [] Glucose (Random), 6F [] Glucose (Fasting)

NHS Number: [] Hospital NUMBER: [] OR Date of birth: D D M M Y Y Y Y

LAB USE ONLY

SEX: Male [] Female []

Surname: []

Forename: []

Ward / Clinic (first 6 letters): []

Consultant (first 8 letters): []

Requested By: []

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Copy of Report to: (By Doctor and Location): []

Tel. No. Bleep: []

ANTENATAL SCREEN ABO and Rhesus D Group [] Previous Transfusion? Yes [] No [] E.D.D. [] 2 0

Clotted Blood - Gold Top SST: 1 [] Renal, 2 [] Liver, 3 [] Bone, 11 [] Cholesterol / HDL, 9 [] PSA, LIP [] Full Lipid Profile (Fasting), RF [] Rheumatoid factor

Note: Additional Gold Top SST required: PARA [] Known Paraprotein/Myeloma follow up, SEC [] ?Myeloma Screen (Electrophoresis), BJP [] Bence-Jones Protein (Urine), ANA1 [] Antinuclear Antibody, AUT [] Autoimmune Liver Screen, TTG [] Coeliac Screen, Allergen Specific IgE (please specify)

OTHER TESTS Note: Other BT requests on BT request form Other Coag Tests - Ring Lab on 52388

Using this form

The sample must include full name, date of birth and NHS number. The hospital number should be added where known. **Always** state the date and time of collection. **Please complete all fields marked in black on the request form.**

Please ensure the following:

Write clearly in the boxes using capital letters in blue or black ink. If a label is used please align as carefully as possible in the top left corner of the space provided.

Please fill in the 'bubbles' for test requests as shown. Do not use ticks or crosses. The appropriate codes for the requesting person and locations must be provided. Do not obscure the 'lab use only' area.

Please complete as much of this form as possible, and include all necessary information to enable a full interpretation of results.

Sample tube requirements

Please ensure all tubes are filled to the line. Insufficiently filled tubes will be rejected.

A separate EDTA sample is required for Ciclosporin, Lead and Tacrolimus

A separate Gold Top SST sample is required for Immunology requests.

A separate Pink Top EDTA is required for blood bank requests.

A separate Citrate or EDTA sample is required for Haemachromatosis, Factor V, or Factor II requests. All other Molecular Biology requirements should be telephoned on 52408.

To avoid contamination, the order of draw must be:

- 1st Coagulation tubes
- 2nd Tubes with clot activator
- 3rd Anti-coagulant tubes.

All requests for Malaria screens must be telephoned to 52392.

Direct Dial Telephone Numbers

Consultant Haematologists:	Internal Number		Internal Number
Dr J A Copplestone	52393	Blood Bank Enquiries	52411
Dr T Nokes	31001	Combined Lab (Enquiries/Results/Requests)	52401
Dr S Rule	57504	Duty Biochemist	57936
Dr H Hunter	31003	Immunology Laboratory	52390
Dr W Thomas	57615	Molecular Biology Enquiries	52408
		Combined Laboratory Manager	52404
		Computer Systems Manager	52405
Consultant Chemical Pathologist:		Point of Care Testing Team	52299
Dr R Ayling	52291	Quality Manager	31099
		Bleep	
Consultant Immunologists:		Venepuncture Service	346/876 53035
Dr E Kaminski	52406	On-call Blood Bank BMS	871 52465
Dr C Bethune	31004	On-Call Haematology BMS	873 52391
		On-Call Chemistry BMS	870 52298



DCL HOSPITAL REQUEST FORM



REMOVE COVERING STRIP
PLACE SPECIMEN IN BAG
FOLD TOP OVER TO SEAL