

PATIENT HOSPITAL NUMBER			NATURE OF SAMPLES:		
SURNAME			CHEMISTRY		HAEMATOLOGY
FORENAME(S)			GEL TUBE	PLAIN TUBE	MICROBIOLOGY
DATE OF BIRTH	SEX	GP CODE	<input type="checkbox"/> U&E / CREAT	<input type="checkbox"/> TFT	<input type="checkbox"/> FBC
/ /	M / F		<input type="checkbox"/> URATE	<input type="checkbox"/> PSA	<input type="checkbox"/> ESR
			<input type="checkbox"/> CALCIUM	<input type="checkbox"/> LITHIUM	<input type="checkbox"/> INR
			<input type="checkbox"/> BONE PROFILE	<input type="checkbox"/> MENOPAUSE SCRNM	<input type="checkbox"/> COAG SCREEN
			<input type="checkbox"/> LFT		<input type="checkbox"/> MYCOLOGY
HOSPITAL	SURGERY CODE	PLEASE PRINT NAME & BLEEP NO.	<input type="checkbox"/> CARDIAC	MISCELLANEOUS	
			<input type="checkbox"/> CHOLESTEROL	<input type="checkbox"/> GLUC (FLUORIDE)	<input type="checkbox"/> HISTOPATHOLOGY
			<input type="checkbox"/> FASTING LIPIDS	<input type="checkbox"/> HbA1c (EDTA)	
SPECIMEN DATE	SPECIMEN TIME	SIGNATURE		<input type="checkbox"/> PREG TEST (EMU)	<input type="checkbox"/> NON-GYNAE CYTOLOGY
/ /	:		OTHER (PLEASE SPECIFY)		
EXTRA COPIES TO: (STATE DESTINATION & CONSULTANT / GP)					
RELEVANT CLINICAL INFORMATION:			<input type="checkbox"/> ROUTINE <input type="checkbox"/> URGENT PLEASE TELEPHONE LAB		
			LABORATORY USE ONLY CODE RF98GP		
DATE OF ONSET OF ILLNESS			DEPARTMENT OF PATHOLOGY, DORSET COUNTY HOSPITAL FOUNDATION TRUST		
ANTIBIOTICS / TREATMENT			MICROBIOLOGY TEL: 01305 254343, BLOOD SCIENCES TEL: 01305 254331, HISTOPATHOLOGY TEL: 01305 254301		