Blood Test Lab Request Form

[COMPANYLOGO_IMG]

Blood Test Lab Request Form

Recipient Lab Information

Laboratory name

Laboratory location

Requester information

Physician name

Medical practice address

Employee ID

Phone

Email

Patient Information

Name

Date of birth

What is your gender?

- ◯ Male
- ◯ Female

Sex

Age

Street Address

City

Postcode

Attending physician

Clinical details/medications / antibiotics

Sample Details

Sample ID

Collected by

Employee ID

Collection date

Collection time

Blood tests requested

Biochemistry

- [ ] Renal profile
- [ ] Liver profile
- [ ] Calcium
- [ ] Phosphate
- [ ] Urea
- [ ] Magnesium
- [ ] Troponin - T
- [ ] CRP
- [ ] Glucose
- [ ] Lipase
- [ ] TSH
- [ ] FT4
- [ ] Folate
- [ ] Vitamin B12
- [ ] Ferritin

Hematology

- [ ] Complete blood count (CBC)

Immuno/Virology

- [ ] Electrophoresis
- [ ] Immunoglobulins
- [ ] Coeliac serology
- [ ] ANA
- [ ] HIV

Coagulation

- [ ] Coagulation screen
- [ ] Warfarin monitoring (INR)
- [ ] Heparin monitoring (APTT)

Blood gasses

- [ ] Arterial
- [ ] Venous
- [ ] FiO2
- [ ] Temp
- [ ] Ferritin

Other tests

Authorizer Information

Request authorized by

Date

Signature

Laboratory use only

Date received

Received by

Request accepted

- ◯ Yes
- ◯ No

If not, please specify reason

Tests performed

Date

Results delivery date