

# Pathology department request form

All sections of this form must be fully completed

Cromwell Hospital, Cromwell Road, London SW5 0TU  
Tel: 0207 460 2000 Fax: 0207 460 5555

Laboratory Direct Line: 0207 460 5565 or Freeset 7064  
Laboratory Direct Fax: 0207 835 0361

Nursing Station/Room: \_\_\_\_\_

Surname

Date: \_\_\_\_\_ Time of Request: \_\_\_\_\_

Forenames

Clinician: \_\_\_\_\_

Authorising signature: \_\_\_\_\_

Hospital No.  DoB  Sex  M  F

|   |  |
|---|--|
| Clinical details including drug therapy:<br><br><input type="checkbox"/> Fasting <input type="checkbox"/> Pregnant<br><input type="checkbox"/> Ethnic Origin (Please specify) _____ <input type="checkbox"/> Post Menopause<br><input type="checkbox"/> Drug Therapy (Please specify) _____ <input type="checkbox"/> Post Natal | Results to be sent to:<br>1. _____ 2. _____<br>_____<br>_____<br>_____ |
|---|--|

Phlebotomist signature: \_\_\_\_\_ Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_  Urgent

|   |  |   |  |
|---|--|---|--|
| <b>CROMWELL HOSPITAL PROFILES</b><br><input type="checkbox"/> <b>CP1 Cromwell Full Blood Count</b><br>Full Blood Count, 5 Part Diferential<br><input type="checkbox"/> <b>CP2 Cromwell Haematology Profile</b><br>Full Blood Count, 5 Part Diferential, ESR<br><input type="checkbox"/> <b>CP3 Cromwell Biochemistry Profile</b><br>Biochemistry, Lipids, Ferritin<br><input type="checkbox"/> <b>CP4 Cromwell Haematology &amp; Biochemistry Profile</b><br>Full Blood Count, ESR, Biochemistry, Lipids, Ferritin<br><input type="checkbox"/> <b>CP5 Cromwell Thyroid Profile</b><br>FT3, FT4, TSH<br><input type="checkbox"/> <b>CP7 Cromwell Outpatient Profile</b><br>CP4, FT4, TSH, FT3<br><input type="checkbox"/> <b>CP10 Cromwell Cardiovascular Risk Profile</b><br>CP4, hsCRP, Homocysteine, Fibrinogen, Lipoprotein (a)<br><input type="checkbox"/> <b>CP12 Diabetic Profile</b><br>Glucose, HbA1C, U/E's, Lipids, FT4/TSH/FT3<br><br><input type="checkbox"/> Pregnancy (Qualitative)<br><input type="checkbox"/> Pregnancy (Quantitative)<br><input type="checkbox"/> Cortisol<br><input type="checkbox"/> FSH<br><input type="checkbox"/> LH<br><input type="checkbox"/> Oestradiol<br><input type="checkbox"/> Progesterone<br><input type="checkbox"/> Prolactin<br><input type="checkbox"/> SHBG (Sex Hormone Binding Globulin)<br><input type="checkbox"/> Testosterone<br><input type="checkbox"/> Autoantibody Profile<br><input type="checkbox"/> Chest Pain Profile<br><input type="checkbox"/> Clotting Profile<br><input type="checkbox"/> Prothombin Time and Dose (PT+D)<br><input type="checkbox"/> C-Reactive Protein<br><input type="checkbox"/> Folate (red cell)<br><input type="checkbox"/> Folate (serum)<br><input type="checkbox"/> Gluten sensitivity/Coeliac | <input type="checkbox"/> Hepatitis A Profile<br><input type="checkbox"/> Hepatitis A, B, C Profiles<br><input type="checkbox"/> Hepatitis B Profile<br><input type="checkbox"/> Hepatitis B sAg<br><input type="checkbox"/> Hepatitis B sAb (immunity)<br><input type="checkbox"/> Hepatitis C Abs<br><input type="checkbox"/> Hepatitis C Viral Load<br><br><input type="checkbox"/> HIV I & II<br><input type="checkbox"/> HRT Profile<br><input type="checkbox"/> Iron Status Profile<br><input type="checkbox"/> Lipid Profile<br><input type="checkbox"/> Genetic - Lipid inCode<br><input type="checkbox"/> Liver Function Tests<br><input type="checkbox"/> MMR: Measles, Mumps, Rubella<br><input type="checkbox"/> Menopause Profile<br><input type="checkbox"/> Osteoporosis Screen<br><input type="checkbox"/> Ovarian Reserve Profile<br><input type="checkbox"/> Polycystic Ovary Syndrome Profile<br><input type="checkbox"/> Prostate Profile<br><input type="checkbox"/> Respiratory Viral Screen<br><input type="checkbox"/> Urea and Electrolytes Profile<br><input type="checkbox"/> Viral Antibody Screen<br><input type="checkbox"/> VDRL<br><input type="checkbox"/> TPHA<br><br><input type="checkbox"/> CA 125<br><input type="checkbox"/> CA 153<br><input type="checkbox"/> CA 199<br><input type="checkbox"/> CEA<br><input type="checkbox"/> AFP | <b>MICROBIOLOGY</b><br><input type="checkbox"/> MSU m/c/s<br><input type="checkbox"/> Culture and Sensitivity Swab Site _____<br><input type="checkbox"/> Culture and Sensitivity Fluid State Fluid Type _____<br><input type="checkbox"/> Sputum Culture & Sensitivity<br><input type="checkbox"/> Blood Culture<br><input type="checkbox"/> TB Culture<br><input type="checkbox"/> Faeces m/c/s<br><input type="checkbox"/> Faeces OCP<br><input type="checkbox"/> Faeces Occult Blood (FOB)<br><input type="checkbox"/> HVS<br><input type="checkbox"/> Swab - state site: _____<br><br><b>MRSA 1 Swab per site</b><br><input type="checkbox"/> Culture and MRSA - on demand | <b>CERVICAL CYTOLOGY</b><br><input type="checkbox"/> <b>PAPT</b><br>Thin Prep Cervical Cytology<br>LMP: ____/____/____<br>Last smear: ____/____<br>MONTH YEAR<br><br><input type="checkbox"/> Routine screen<br><input type="checkbox"/> Colposcopy<br>Previous abnormal: (please specify)<br>_____<br><input type="checkbox"/> <b>HPVT</b><br>Thin Prep HPV<br><input type="checkbox"/> <b>PAP+HPV (Combined)</b><br><input type="checkbox"/> <b>HPVT</b><br>Thin Prep Chlamydia<br><input type="checkbox"/> <b>TCG</b><br>Thin Prep CT/NG combined<br><br><input type="checkbox"/> Pregnant <input type="checkbox"/> Irregular Bleeding<br><input type="checkbox"/> Post Menopause <input type="checkbox"/> Suspicious Cervix<br><input type="checkbox"/> Post Natal <input type="checkbox"/> Hysterectomy<br><input type="checkbox"/> IUCD <input type="checkbox"/> HRT |
| <b>Other tests (please specify):</b><br>_____<br>_____<br>_____   |  |   |  |

|             | EDTA | ESR | GOLD | GREY | RED | L BL | D BL | MSU | FAEC | SWAB | PAP | 24 HR | OTHERS |
|-------------|------|-----|------|------|-----|------|------|-----|------|------|-----|-------|--------|
| Sample date |      |     |      |      |     |      |      |     |      |      |     |       |        |