



<b>M84629</b>		<b>SWH PATHOLOGY LABORATORIES REQUEST FORM</b>			<b>St Wulfstan Surgery</b>	
Coventry and Warwickshire Pathology Services						
		<b>Dr Al-Ramadani 01926 810 939</b>				
SURNAME		NHS No		FOR LAB USE ONLY		
FORENAME(S)		Sex				
ADDRESS		DATE OF BIRTH				
		POSTCODE				
Patient Tel No		Copy to Dr (Code)			<b>NHS</b> <input type="checkbox"/> <b>Private</b> <input type="checkbox"/>	
DATE COLLECTED	TIME COLLECTED	COLLECTED BY		SPECIMEN TYPE		
				BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> FAECES <input type="checkbox"/> OTHER..... <input type="checkbox"/>		
<b>FASTING.....</b> <input type="checkbox"/> <b>NON-FASTING.....</b> <input type="checkbox"/>		CLINICAL DETAILS				
HAEMATOLOGY		BIOCHEMISTRY		BIOCHEMISTRY		OTHER TESTS
FBC..... <input type="checkbox"/> CLOTTING SCREEN..... <input type="checkbox"/> INR..... <input type="checkbox"/>		U&E..... <input type="checkbox"/> LFT..... <input type="checkbox"/> BONE PROFILE..... <input type="checkbox"/> B <sub>12</sub> / FOLATE..... <input type="checkbox"/> FERRITIN..... <input type="checkbox"/> CRP..... <input type="checkbox"/>		CHOL / HDL..... <input type="checkbox"/> FASTING LIPIDS..... <input type="checkbox"/> THYROID FUNCTION TEST..... <input type="checkbox"/> MENOPAUSE SCREEN..... <input type="checkbox"/> PROGESTERONE..... <input type="checkbox"/> DAY OF MENSTRUAL CYCLE... <input type="checkbox"/>		HISTOLOGY..... <input type="checkbox"/> Details: OTHER ..... <input type="checkbox"/>
		GLUCOSE..... <input type="checkbox"/> HbA <sub>1c</sub> ..... <input type="checkbox"/>		URINE ALBUMIN:CREAT RATIO..... <input type="checkbox"/> URINE PREGNANCY TEST..... <input type="checkbox"/> L.M.P. .... <input type="checkbox"/>		