

# Pathology First ICE Requesting – Manual request form

## PATIENT DETAILS

NHS number	Hospital no.	
Surname	Forename(s)	
Date of birth	Sex	M / F    Cat    PRIVATE / NHS

## REQUEST / SAMPLE DETAILS

Ward/clinic	Consultant	Requester	Bleep/tel
Collection Date	Collect. time	Collected by	
<b>URGENT?</b>	<b>Y / N</b>	<b>Fasting?</b>	<b>Y / N</b>
<b>TDM monitoring</b>	Dose	Sample type	24hr urine vol
Recent foreign travel?	Last Dose	Duration	Regime
Clinical Details	Illness onset date		

## TESTS

HAEMATATOLOGY	BIOCHEMISTRY	TDM
PU Full Blood Count	GO U&E (Na, K, urea, creatinine) <input type="radio"/> GR <input type="radio"/>	Fasting glucose <input type="radio"/> Digoxin <input type="radio"/>
BL Full Clothing Screen	GO LFT (Bili, ALT, Alk P, TP, Alb) <input type="radio"/> GR <input type="radio"/>	Random glucose <input type="radio"/> Theophylline <input type="radio"/>
BL On warfarin (INR)	GO Bone (Ca, Alk P, TP, Alb) <input type="radio"/> GO <input type="radio"/>	Cholesterol <input type="radio"/> Lithium <input type="radio"/>
BL On heparin (APTT)	GO P.E.T. profile <input type="radio"/> GO <input type="radio"/>	Cholesterol + HDL <input type="radio"/> Phenytoin <input type="radio"/>
RE GF Screen	GO CRP <input type="radio"/> GO <input type="radio"/>	Fasting lipids (Chol, HDL, TG) <input type="radio"/> Carbamazepine <input type="radio"/>
GO Ferritin	GO Troponin <input type="radio"/> GO <input type="radio"/>	Amylase <input type="radio"/> Gentamicin <input type="radio"/>
GO Vitamin B12	Onset of symptoms: Date: _____ Time: _____	Phosphate <input type="radio"/> Vancomycin <input type="radio"/>
GO Serum folate	GO Thyroid (thyroid disease) <input type="radio"/> GO <input type="radio"/>	Bicarbonate <input type="radio"/> Amikacin <input type="radio"/>
PU HbA1c (glycated Hb)	GO Thyroid (on Thyroxine) <input type="radio"/> GO <input type="radio"/>	Magnesium <input type="radio"/> Other TDM please specify
PU DAT	GO Thyroid (on anti-thyroid treatment) <input type="radio"/> GO <input type="radio"/>	Gamma GT <input type="radio"/>
<b>MICROBIOLOGY</b>	GO Rheumatoid factor <input type="radio"/> GO <input type="radio"/>	Urate <input type="radio"/>

IMMUNOLOGY	ANTENATAL	Gravida
RE ANA <input type="radio"/>	EDD <input type="radio"/>	Wks gest
RE Coeliac screen <input type="radio"/>	Blood group <input type="radio"/>	Test this pregnancy?
RE Liver screen <input type="radio"/>	Anti-D during preg? <input type="radio"/>	reg. antibodies? <input type="radio"/>
RE Pern. anaemia <input type="radio"/>	Prev transfusion? <input type="radio"/>	Hist HDN/NAITP? <input type="radio"/>
RE Thyroid Abs <input type="radio"/>	PI Blood group serology <input type="radio"/>	Rubella <input type="radio"/>
RE ANCA <input type="radio"/>	PI Repeat sample <input type="radio"/>	Syphilis <input type="radio"/>
RE Other <input type="radio"/>	RE HIV <input type="radio"/>	Hepatitis B <input type="radio"/>

## OTHER TESTS PLEASE PRINT CLEARLY AND INCLUDE ALL RELEVANT INFORMATION

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Blood containers (DRAW ORDER) RE=Red (Serum plastic), GO=Gold (SST), BL=Blue (citrate), GN=Green (Heparin), PU=Purple (EDTA), PI=Pink (BT), GR=Grey (Fluoride).

**YOU CANNOT ORDER BLOOD TRANSFUSION PRODUCTS USING THIS FORM - PLEASE USE THE BT MANUAL REQUEST FORM.**