

Laboratory Medicine Request Form

Rapid Diagnosis Centre (RDC) Pathway GP Panel A Investigations

Lab Tests Requested:

NHS N°:

Surname:

Forename:

DOB: ____/____/____

Sex: **M / F**

Address:

GP Panel A Investigations:


Consultant/GP:

Location:

Contact Number:

Date of collection:

Time of collection:


Copy to:  BEDAY-

Clinical Details – Please provide:

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▪ **Samples: Please Tick Tests Required**

Specimen	Tests Required	Tick if Required	Request Item
1 x clotted sample (5 ml gold top tube)	Laboratory Profile (Renal profile, LFT, Bone profile, CRP, Thyroid Function Tests, Ferritin, Anti-TTG)	<input type="checkbox"/>	 Z3RDC
	CA-125	<input type="checkbox"/>	CA125
	PSA	<input type="checkbox"/>	PSA
1 X Fluoride Oxalate sample (5 mL grey top tube)	Glucose Please indicate if Fasting	<input type="checkbox"/>	GP/GPF
1 X EDTA sample (5 mL purple top tube)	HbA1c	<input type="checkbox"/>	HBA1C
	Full Blood Count	<input type="checkbox"/>	FBC