

# Laboratory Request Form

**Hermitage Medical Clinic**  
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*FOR LABORATORY USE ONLY. PLEASE  
 AFFIX SPECIMEN NUMBER BARCODE  
 LABEL HERE*



**Request Details (Complete Fully OR Attach an Addressograph Label):**

Surname

First Name  Male  Female

Patient's Hospital Number  Date of Birth  /  /

Patient's Address:

Consultants Name: <input type="text"/> Ward or Clinic Name: <input type="text"/> Signature: <input type="text"/> Contact Information: <input type="text"/>	Please Send Results to: <input style="width: 100%; height: 100%;" type="text"/>	Copy To: <input style="width: 100%; height: 100%;" type="text"/>
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Clinical Details	Drug / Antibiotic Therapy / Anticoagulant: <input style="width: 100%; height: 100%;" type="text"/>
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Date Taken:  Time Taken:  Date/Time Received:

SPECIMENS (Please Tick): Blood  Urine  Stool  Swab  Other  →

Examination Required: Urgent  Routine

Blood Sciences ( <input checked="" type="checkbox"/> Tick )							
FBC	Full Blood Count (C)		FP	Full Profile (A)		FERRITIN	Ferritin (A)
ESR	ESR (D)		RP	Renal Profile (A)		FOLATE	Folate (A)
COAG	Coag screen (PT/APTT/FIB) (B)		LP	Liver Profile (A)		VIT B12	Vit B12 (A)
INR	INR (Warfarin) (B)		BP	Bone Profile (A)		GLUR/GLUF	Glucose (E) (Random /fasting)
APTT	APTT (Heparin) (B)		RLP/FLP	Lipid Profile (Random/Fasting) (A)		LACT	Lactate (Venous) (E)
FIB	Fibrinogen (B)		TFTs	Thyroid Function Tests (A)		BHCG	βhCG (A)
DDIMER	D Dimer (B)		IRONPR	Iron Profile (A)		PSA	PSA (A)
RETICS	Reticulocyte count (C)		AMY	Amylase (A)		HSTROP	Troponin-I HS (A)
MONO	Infectious Mononucleosis screen (C)		BNP	BNP (C)		GENP/GENT	Gentamicin (Peak/Trough)* (A)
HbA1C	HbA1C (C)		CRP	CRP (A)		VANCOR/ VANCOTR	Vancomycin* (A) (Random / Trough)
			CA	Calcium (A)		*Time of Last Dose: _____	

A: Lithium Heparin (Orange top)    B: Sodium Citrate 3.2% (Green Top)    C: EDTA 2.7mL (Pink Top)    D: Citrate (ESR) Long tube (Purple Top)  
 E: Sodium Fluoride (Yellow Top)    F: Serum (White Top)

Other Tests:

**Microbiology - *Specimen site required to ensure correct processing***

Specimen Source / Site:

Urine <input type="checkbox"/> C&S <input type="checkbox"/> Other (please specify)	Swab <input type="checkbox"/> C&S <input type="checkbox"/> Other (please specify)	CSF <input type="checkbox"/> C&S <input type="checkbox"/> Cell count <input type="checkbox"/> Protein <input type="checkbox"/> Glucose <input type="checkbox"/> Other (please specify)
Fluid <input type="checkbox"/> C&S <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Cell count <input type="checkbox"/> Differential <input type="checkbox"/> Gram Stain <input type="checkbox"/> Crystals <input type="checkbox"/> Other (please specify)  <i>(1mL fluid in EDTA tube required for cell Count)</i> <i>If Cytology testing required please submit request on Histology form.</i>	Sputum <input type="checkbox"/> C&S <input type="checkbox"/> TB culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Other (please specify)	MRSA screen (Nasal/ Groin /Axilla) <input type="checkbox"/> MSSA screen (Nasal/ Groin) <input type="checkbox"/>
	Blood Cultures <input type="checkbox"/> Site: _____	CRE Screen <input type="checkbox"/>
	Fungal Culture <input type="checkbox"/> Nail clippings <input type="checkbox"/> Hair <input type="checkbox"/> Skin Scrapings	VRE Screen <input type="checkbox"/>
Stool <input type="checkbox"/> Culture <input type="checkbox"/> C. Difficile <i>Ova &amp; Parasites** (performed only with relevant clinical details)</i>	Tissue <input type="checkbox"/> C&S <input type="checkbox"/> Other (please specify)	Other Microbiology Test requests:

Serology / Immunology (Order either profiles or individual Investigations as appropriate)      Blood Transfusion (Please use Blood Transfusion request form)  
 Histopathology/Cytology (Please Use Histopathology request form)

Specimen requirements and other information is available on <https://www.hermitageclinic.ie/gp-portal/>.