

Laboratory Request Form



Hermitage Clinic | Old Lucan Road, Dublin 20

Laboratory@hermitageclinic.ie

Telephone: 01 645 9233 Fax: 01 645 9236

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"/>	Please Send Results to: <input type="text"/>	Copy To: <input type="text"/>
Ward or Clinic Name: <input type="text"/>		
Signature: <input type="text"/>		
Contact Information: <input type="text"/>		

Clinical Details	Drug / Antibiotic Therapy / Anticoagulant: <input 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: <input type="text"/>	

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)		
		Blood Cultures	<input type="checkbox"/> Site: <input type="text"/>	MRSA screen (Nasal/ Groin /Axilla) <input type="checkbox"/>	MSSA screen (Nasal/ Groin) <input type="checkbox"/>
		Fungal Culture	<input type="checkbox"/> Nail clippings <input type="checkbox"/> Hair <input type="checkbox"/> Skin Scrapings	CRE Screen <input type="checkbox"/>	VRE Screen <input type="checkbox"/>
Stool	<input type="checkbox"/> Culture <input type="checkbox"/> C. Difficile <i>Ova & Parasites** (performed only with relevant clinical details)</i>	Tissue	<input type="checkbox"/> C&S <input type="checkbox"/> Other (please specify)	Other Microbiology Test requests: <input type="text"/>	

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/about/pathology-laboratory>