

Laboratory request

Date _____
Laboratory _____
Request no. _____

Patient	Date of birth	MRN
Address		

Sample

Taken	By	Type	Fasting
_____	_____	_____	_____

Haematology & coagulation

- ☐ FBC
- ☐ ESR
- ☐ Coagulation screen
- ☐ Ferritin / iron studies
- ☐ Haematinics (B12, folate)

Endocrine

- ☐ HbA1c
- ☐ TFTs
- ☐ Cortisol (09:00)
- ☐ Vitamin D

Biochemistry

- ☐ U&E / creatinine
- ☐ Lipid profile
- ☐ LFTs
- ☐ Bone profile
- ☐ Magnesium
- ☐ CRP

Other and urine

- ☐ Urinalysis / ACR
- ☐ Group & save
- ☐ Other, specify in clinical details

Priority and cover

- ☐ Routine ☐ Urgent ☐ GMS eligible ☐ Private

Clinical details

For the patient

Signature _____ Date _____

IMC no. _____