



CHEMICAL PATHOLOGY / HAEMATATOLOGY



WCP 1006
Dec 99

| CONS/ GP CODE | | WARD/ SURGERY CODE | | HOSP / NHS No. | | | | | | | | |
|--|------------|--------------------|---|----------------|--------|--|---|-------------------------|--|-----|--|--|
| COPY TO CODE | GP | SURG | PATIENT CATEGORY | NHS | PP(in) | PP(out) | CAT 2 | SURNAME | FORENAME | SEX | | |
| DATE TAKEN | TIME TAKEN | HRS | TAKEN BY | DATE OF BIRTH | | | GP PATIENT NUMBER | PATIENT ADDRESS | | | | |
| Chemical Pathology Lithium Heparin SODIUM } POTASSIUM } CREATININE } RENAL <input type="checkbox"/> CALCIUM } ALBUMIN } ALK PHOS } BONE <input type="checkbox"/> TOTAL PROTEIN } ALBUMIN } ALT } ALK PHOS } LIVER <input type="checkbox"/> TOTAL BILIRUBIN } GLUCOSE (Approx) <input type="checkbox"/> | | | Haematology - EDTA BLOOD COUNT <input type="checkbox"/> B12 / RED CELL FOLATE <input type="checkbox"/> IM SCREEN <input type="checkbox"/> HAEMOGLOBINOPATHY SCREEN <input type="checkbox"/> MALARIA SCREEN <input type="checkbox"/> E.S.R. 1.8ml Special Tube <input type="checkbox"/> Coagulation - Citrate <input type="checkbox"/> WARFARIN CONTROL <input type="checkbox"/> HEPARIN CONTROL <input type="checkbox"/> DIAGNOSTIC PT <input type="checkbox"/> DIAGNOSTIC APTT (see back of form) <input type="checkbox"/> | | | DATE OF BIRTH GP PATIENT NUMBER PATIENT ADDRESS POST CODE ETHNIC ORIGIN LABORATORY NUMBER | | CLINICAL DETAILS | | | | |
| Fluoride Oxalate GLUCOSE (Accurate / GP) <input type="checkbox"/> | | | FERRITIN - plain <input type="checkbox"/> | | | OTHER CHEMICAL PATHOLOGY / HAEMATATOLOGY TESTS | | | SAMPLE STATUS FASTING <input type="checkbox"/> NON-FASTING <input type="checkbox"/> 2HR POST PRANDIAL <input type="checkbox"/> | | DRUG INFORMATION DOSE <input type="checkbox"/> TIME OF LAST DOSE (N.B. Digoxin > 6 Hours) <input type="checkbox"/> BLEEP/TEL No. | |
| REQUESTING M.O. NAME | | | | | | | BLEEP/TEL No. | | | | | |
| SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST | | | | | | | CHEMICAL PATHOLOGY / HAEMATATOLOGY CLINICAL SERVICES | | | | | |

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