



Clinical Biochemistry and Immunology

Additional Test Request Sheet

QPULSE DOC: DCLAUTOCHEMWN25 Version 4 Active date: 26/03/19

ALL FIELDS MUST BE COMPLETED.

| | | | | | | | | |
|--|--|--|--|---|--|--|---|---|
| Patient Details (use "Patient ID labels" if available) | | | | Ward | | | | |
| | | | | Consultant | | | | |
| Hospital No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | Contact number | | | | |
| | | | | Date of Sample | | | Time of Sample | |
| Date Of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | <input type="text"/> : <input type="text"/> | |
| | | | | Surname <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | If requesting a drug please state date & time of last dose |
| Forename <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | |
| | | | | Reason for Request: | | | Additional BIOCHEMISTRY Tests Required : | |
| | | | <u>NOT HAEMATOTOLOGY TESTS</u> e.g. D-DIMER, BLOOD FILM | | | | | |
| NOTE: U&E add ons WILL NOT be processed if a valid ED point of care result is available | | | | | | | | |



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| | | | | Surname <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | If requesting a drug please state date & time of last dose |
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Additional Test Requesting Guidelines

From now on **ALL** additional test requesting for Chemistry and Immunology will be done using paper request forms and no longer accepted via phone unless required urgently for immediate patient care. The additional test requests are batched and processed hourly throughout the working day. Outside core hours they are processed as and when they arrive in the laboratory.

Paper requests for additional tests can be sent to the lab in the same manner as samples i.e. hand delivered or via the pod system (1101 or 1102) to DCL specimen reception on Level 6.

By default, test(s) will be added to the most recent sample received in the laboratory. If you require a test to be added to a specific sample please indicate this clearly on the request form.

Each ward has been provided with a laminated copy of the request form and guidance notes. It is the wards responsibility to ensure this is kept safe and available to photocopy so you have enough forms available at all times. A copy of the request form and guidance notes will be available on Staffnet.

CHEMISTRY URGENT ADD ONS

For additional Biochemistry tests requests that are required urgently for the **IMMEDIATE** management of the patient, please contact the lab reception during core hours or the Chemistry Biomedical Scientist via the bleep out of hours (see details below).

NOTE: Measurement of renal function is now performed in the Emergency Department using point of care testing and results are available in iSOFT. A repeat renal profile in the laboratory in this circumstance will be rejected.

HAEMATOLOGY ADD ONS

ALL Haematology add on requests must be done by contacting the Haematology Biomedical Scientist (see contact details below). Any paper add on requests that are received for haematology tests will be rejected and returned.

These tests include: **Full Blood Counts, INRs, Clotting Screens, Fibrinogen, D-Dimers, Blood Films, Malaria screens, Monospot, Plasma Viscosity.**

Contacting the Lab

| Core Hours 09.00 – 20.00 | |
|--|-------|
| <i>During core hours please PHONE the lab reception or the appropriate department via the numbers below</i> | |
| Reception | 33217 |
| Clinical Chemistry | 52298 |
| Haematology | 33245 |
| Coagulation | 33245 |
| Blood Bank | 52495 |
| Immunology | 52390 |
| Out Of Hours - Weekdays 20:00 – 08:00 Weekends 12:30 – 08:00 | |
| <i>Outside core hours please BLEEP the relevant section using the numbers below</i> | |
| Chemistry | #0870 |
| Blood Bank | #0871 |
| Haematology (including Coag) | #0873 |