MedLab PATHOLOGY

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REFERRING DOCTOR

Clearly write doctors name and clinic address

PATIENT DETAILS

* PATIENT REF. NO	
*SURNAME	
*FIRSTNAME	
* DOB	
M/F	
ADDRESS	

Ensure the patients **First Name, Surname & DOB** are clearly written.

* UNIQUE IDENTIFIERS

WHEN COMPLETING THIS FORM PLEASE PROVIDE AT LEAST THREE UNIQUE IDENTIFIERS FOR YOUR PATIENT, THE SAMPLE MUST ALSO CONTAIN A MINIMUM OF THREE UNIQUE IDENTIFIERS.

SAMPLE DETAILS

Write the date and time the sample / samples were taken.

SAMPLE COLLECTION DATE		COLLECTION TIME	

SAMPLE TYPES

Write the quantity of samples taken under the relevant sample type e.g. EDTA (2)

COMPLETE BY	EDTA	SST	GREY	MSU	
PRACTICE					
COMPLETE BY	EDTA	SST	GREY	MSU	
LABORATORY					

CLINICAL DETAILS

Only relevant clinical history is required in this field

☐ Urgent ☐ Routine

☐ Fasting Sample ☐ Non-Fasting Sample

☐ Ethnic Origin (please specify) _____

☐ Drug Therapy (please specify) _____

Only tick the box / boxes that apply

PROFILES & TESTS

List the full name and test code of profile / tests required here

FOR LABORATORY USE ONLY