

Referring Doctor	Doctor's Code	Doctor's NMA No.	<b>URGENT</b>
Hospital & Ward		File Number	
Patient Surname	Patient First Name	Contact Person: Please tick no. supplied (✓) Tel <input type="checkbox"/> Fax <input type="checkbox"/> Cell <input type="checkbox"/>	

Address / Postal Address		Tel. (h)		Tel. (w)		Cell		E-mail	
Date of Birth	D	M	Y	GENDER (✓)		Company / Health Insurance			
		M	F						

Company I.D No.	Health Insurance No.	<b>BILL PATIENT</b>	<b>BILL HOSPITAL</b>	<b>BILL COMPANY / HEALTH INSURANCE</b>
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**Relevant Clinical Data and Present Medication:** LMP           FASTING (✓)  YES  NO

**Other Tests:**

CHEMISTRY	ENDOCRINOLOGY	HAEMATOLOGY	SEROLOGY
<b>RENAL / ELECTROLYTES / BONE</b> 1001 <input type="checkbox"/> U&E, CREAT 1263 <input type="checkbox"/> ELECTROLYTES 1002 <input type="checkbox"/> SODIUM 1003 <input type="checkbox"/> POTASSIUM 1262 <input type="checkbox"/> UREA 1261 <input type="checkbox"/> CREATININE 1005 <input type="checkbox"/> CREATININE CLEARANCE 1006 <input type="checkbox"/> PROTEIN (24hr urine) 1007 <input type="checkbox"/> URIC ACID 1008 <input type="checkbox"/> URIC ACID (24hr urine) 1009 <input type="checkbox"/> MAGNESIUM 1010 <input type="checkbox"/> CALCIUM (serum - no cuff) 1011 <input type="checkbox"/> PHOSPHATE (serum) 1013 <input type="checkbox"/> CALCIUM / PHOSPHATE (24hr urine) 1015 <input type="checkbox"/> CALCULUS ANALYSIS  <b>LIVER / PANCREAS</b> 3331 <input type="checkbox"/> LFT 1016 <input type="checkbox"/> LFT + PROTEINS 1031 <input type="checkbox"/> PROT ELECTROPH (Incl. myeloma) 1019 <input type="checkbox"/> PROTEIN TOTAL / ALBUMIN 1021 <input type="checkbox"/> BILIRUBIN (total, conj) 1022 <input type="checkbox"/> ALP 1023 <input type="checkbox"/> GGT 1024 <input type="checkbox"/> AST 1025 <input type="checkbox"/> ALT 1026 <input type="checkbox"/> CARBOHYDRATE DEFICIENT TRANSFERRIN 1027 <input type="checkbox"/> AMYLASE 1029 <input type="checkbox"/> LIPASE 1030 <input type="checkbox"/> CHOLINESTERASE (PSEUDO)  <b>CARDIAC</b> 4856 <input type="checkbox"/> CARDIAC MARKERS 3751 <input type="checkbox"/> MYOGLOBIN 1037 <input type="checkbox"/> CK-MB MASS 2757 <input type="checkbox"/> TROPONIN I 1036 <input type="checkbox"/> CK  <b>LIPIDS / CAD RISK</b> 1038 <input type="checkbox"/> LIPOGRAM 1041 <input type="checkbox"/> CHOLESTEROL 1043 <input type="checkbox"/> HOMOCYSTEINE 1760 <input type="checkbox"/> ULTRASENSITIVE CRP  <b>DIABETES</b> 1044 <input type="checkbox"/> GLUCOSE fasting    1045 <input type="checkbox"/> Random 3038 <input type="checkbox"/> GLUCOSE 2 hr post prandial 1046 <input type="checkbox"/> GLUCOSE TOLERANCE TEST(2Hrs) 1048 <input type="checkbox"/> HBA1C EPEPS <input type="checkbox"/> C-PEPTIDE SPAN <input type="checkbox"/> ISLET CELL ANTIBODIES 1049 <input type="checkbox"/> MICROALBUMIN (urine / quantitative)  <b>INFLAMMATION / IMMUNE</b> 1051 <input type="checkbox"/> CRP 1052 <input type="checkbox"/> COMPLEMENT C3/C4 1055 <input type="checkbox"/> IgG, IgA, IgM 1057 <input type="checkbox"/> OLIGOCLONAL BANDS (csf, blood)	<b>ENDOCRINE - THYROID</b> 1058 <input type="checkbox"/> TSH 1060 <input type="checkbox"/> FREE T4 1061 <input type="checkbox"/> FREE T3 1062 <input type="checkbox"/> THYROID FUNCTIONS (TSH / FT4) 1063 <input type="checkbox"/> THYROID ANTIBODIES 2767 <input type="checkbox"/> TSH RECEPTOR ANTIBODIES 1012 <input type="checkbox"/> PTH  <b>ENDOCRINE - REPRODUCTIVE</b> 1064 <input type="checkbox"/> MENOPAUSAL SCREEN 1065 <input type="checkbox"/> HIRSUTISM SCREEN 4860 <input type="checkbox"/> MENSTRUAL IRREGULARITY 3203 <input type="checkbox"/> OVULATORY PROFILE (day 21) 1067 <input type="checkbox"/> INFERTILITY (female day 3) 1068 <input type="checkbox"/> INFERTILITY (male) 1951 <input type="checkbox"/> FREE ANDROGEN INDEX 4859 <input type="checkbox"/> GALACTORRHOEA SCREEN 1069 <input type="checkbox"/> SEMEN ANALYSIS 1071 <input type="checkbox"/> -HCG quantitative 1073 <input type="checkbox"/> PROLACTIN (rest 15 minutes) 1074 <input type="checkbox"/> FSH 1075 <input type="checkbox"/> LH 1076 <input type="checkbox"/> OESTRADIOL (E <sub>2</sub> ) 1077 <input type="checkbox"/> PROGESTERONE (Ovulation day 21) 1078 <input type="checkbox"/> 17-OH PROGESTERONE 1079 <input type="checkbox"/> DHEA-S 1080 <input type="checkbox"/> TESTOSTERONE  <b>HYPERTENSION / OTHER ENDOCRINE</b> 3495 <input type="checkbox"/> METANEPHRINES 24hr urine (pheo) 1082 <input type="checkbox"/> 5-HIAA 24hr urine (carcinoid) 2320 <input type="checkbox"/> RENIN / ALDOSTERONE 1084 <input type="checkbox"/> CORTISOL (serum) 1085 <input type="checkbox"/> CORTISOL (24hr urine) 1086 <input type="checkbox"/> DEXAMETHAZONE SUPPRESSION 1087 <input type="checkbox"/> GROWTH HORMONE 1361 <input type="checkbox"/> PITUITARY SCREEN  <b>TUMOUR MARKERS</b> 1088 <input type="checkbox"/> PSA 1090 <input type="checkbox"/> CEA (G.I.T. , lung, breast) 1091 <input type="checkbox"/> CA 19-9 (G.I.T. , pancreas) 1092 <input type="checkbox"/> CA 125 (ovary) 1093 <input type="checkbox"/> CA 15-3 (breast) 1094 <input type="checkbox"/> AFP 1095 <input type="checkbox"/> BENICE-JONES PROT (urine) 1096 <input type="checkbox"/> 2-MICROGLOBULIN 1097 <input type="checkbox"/> OCCULT BLOOD (faeces)	<b>GENERAL</b> 1107 <input type="checkbox"/> ANTENATAL SCREEN 1108 <input type="checkbox"/> ANTENATAL SCREEN + HIV 1110 <input type="checkbox"/> FBC 1114 <input type="checkbox"/> ESR 1112 <input type="checkbox"/> HAEMOGLOBIN 1113 <input type="checkbox"/> WBC + DIFF COUNT 1115 <input type="checkbox"/> RETICULOCYTES 1116 <input type="checkbox"/> IRON STUDIES 1117 <input type="checkbox"/> FERRITIN 1118 <input type="checkbox"/> FOLATE (serum / rbc) 1119 <input type="checkbox"/> VIT B12 5133 <input type="checkbox"/> Hb ELECTROPHORESIS (sickling) 1125 <input type="checkbox"/> ABO / RH (Blood Grouping) 1126 <input type="checkbox"/> COOMBS TEST (DIRECT) 3201 <input type="checkbox"/> COOMBS TEST (INDIRECT) 3637 <input type="checkbox"/> MALARIA (QBC)  <b>COAGULATION</b> 1128 <input type="checkbox"/> BLEEDING TENDENCY SCREEN 1129 <input type="checkbox"/> BLEEDING TIME 1130 <input type="checkbox"/> PT+INR 1132 <input type="checkbox"/> PTT 1133 <input type="checkbox"/> DIC SCREEN  <b>ALLERGY</b> 1102 <input type="checkbox"/> IgE Total 2265 <input type="checkbox"/> PAEDIATRIC FOOD SCREEN 1105 <input type="checkbox"/> ADULT FOOD SCREEN 1103 <input type="checkbox"/> PHADIATOP (Inhalents) Other ALLERGIES please specify under OTHER TESTS  <b>DRUGS</b> <b>DRUG SCREEN</b> 4870 <input type="checkbox"/> OPIATES 4871 <input type="checkbox"/> COCAINE 4858 <input type="checkbox"/> CANNABIS  2488 <input type="checkbox"/> DRUGS OF ABUSE (amphetamine, barbiturate, benzodiazepine, cannabis, cocaine, mandrax, opiates, methadone, phencyclidine) Please specify individual or other drugs under OTHER TESTS  <b>DRUG MONITORING</b> 1158 <input type="checkbox"/> GENTAMICIN Pre    1159 <input type="checkbox"/> Post 1149 <input type="checkbox"/> CARBAMAZEPINE 1150 <input type="checkbox"/> DIGOXIN 1151 <input type="checkbox"/> LITHIUM 1153 <input type="checkbox"/> PHENYTOIN 1154 <input type="checkbox"/> SODIUM VALPROATE 1785 <input type="checkbox"/> CYCLOSPORIN Please specify OTHER DRUGS under OTHER TESTS	<b>AUTO-IMMUNE</b> 1396 <input type="checkbox"/> ARTHRITIS SCREEN 1165 <input type="checkbox"/> AUTO-IMMUNE SCREEN 1214 <input type="checkbox"/> ANF + ANTI DNA 2049 <input type="checkbox"/> RHEUMATOID FACTOR 1170 <input type="checkbox"/> ENA 1171 <input type="checkbox"/> CARDIOLIPIN Ab (Lupus anticoagulant)  <b>INFECTIVE</b> 1372 <input type="checkbox"/> ASOT 1363 <input type="checkbox"/> ANTI-DNase B 1173 <input type="checkbox"/> BILHARZIA (Elisa) 1174 <input type="checkbox"/> CMV 1175 <input type="checkbox"/> EBV SEROLOGY 1270 <input type="checkbox"/> MONOSPOT M FHPAG <input type="checkbox"/> H PYLORI (stool antigen) 2345 <input type="checkbox"/> RUBELLA IgM 1179 <input type="checkbox"/> RUBELLA IMMUNITY (IgG only) 4541 <input type="checkbox"/> TOXOPLASMA IgM 1184 <input type="checkbox"/> CHLAMYDIA PCR (urine) 1186 <input type="checkbox"/> HERPES SIMPLEX I & II (IgM/IgG) 2342 <input type="checkbox"/> RPR / VDRL 1194 <input type="checkbox"/> WIDAL 2445 <input type="checkbox"/> T. PALLIDUM ELISA 2480 <input type="checkbox"/> TORCH SCREEN  <b>HEPATITIS TESTS</b> 1198 <input type="checkbox"/> Hep A 1213 <input type="checkbox"/> Hep B (s Ag) SHBSAB <input type="checkbox"/> Heb B s (ab) - SHBE <input type="checkbox"/> Heb B e (ag/ab) SHBCAB <input type="checkbox"/> Heb B Core Ab (Total) SHBCABM <input type="checkbox"/> Heb B Core Ab (Igm) 1202 <input type="checkbox"/> Hep C 1018 <input type="checkbox"/> ACUTE HEPATITIS SCREEN (Hep A IgM +Hep B sAg + Hep Bc IgM) 1201 <input type="checkbox"/> CHRONIC SCREEN (Hep B sAg, Hep B cAb, Hep B sAb, HCV Ab)

530	Home	<b>FOR LABORATORY USE</b>	
Collected by	Date	Received by	Logged by
Location code	Time	Date	Time
		Checked by	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40