

HAVE YOU LABELLED THE SPECIMEN CORRECTLY?



JB:46804



BLOOD SCIENCES



# NORTH BRISTOL NHS TRUST PATHOLOGY SERVICES BLOOD SCIENCES

NHS No. / Hospital No. including Hospital prefix if NHS No. unavailable  
 Surname *Please place approved Addressograph in this area*  
 Forename  
 D.O.B. Sex (M/F) Patient Type  
 Patients Address inc. Post Code

Consultant / GP Code  
 Location Code

For Laboratory Use

FBC  
 Plasma Viscosity  
 Clotting Profile  
 Vitamin B12  
 Serum Folate  
 Ferritin

Other Requests

Sample Collection Date and Time  
 Requestor's Signature & Bleep No. / Tel. No.

Blood  Urine  CSF  Other .....

Fasting Sample ? YES  NO

Clinical Details / Therapy

Inoculation Risk ? YES  NO

Auto Immune Profile  
 Rheumatoid Factor  
 Coeliac Screen (TTG)  
 Serum Electrophoresis  
 Bence-Jones Protein  
 Specific IgE (Please specify)

Electrolytes (Na, K, Cr)  
 Glucose  
 Liver Profile  
 Thyroid Function  
 on Thyroxine  
 on anti-thyroid therapy  
 on Amiodarone  
 other, please specify .....

PLACE SPECIMEN IN BAG  
REMOVE COVERING STRIP  
FOLD TOP OVER TO SEAL

# BAG



**BLOOD SCIENCES**



Fold