

THE NEWMALDEN DIAGNOSTIC CENTRE

In partnership with The Harley Street Clinic

Outpatient Pathology Request Form

Patient Name: _____ X Number: _____

D.o.B: _____ Date: _____

Allergies: _____ Referring Consultant: _____

Profiles: Lab			Haematology: Lab		
Biochemistry	.BCIP		Full Blood Count	.FBC	
Haematology	.HAEM		ESR	ESR	
JS II	.COL3		HB only	HB	
Thyroid Profile:	.THYR		Group & Save (BBK)	GS	
Clotting	.CLOT		HLA B27 (BBK)	HLAB27	
Auto Immune System	.AUTO		Platelet Count	PLAT	
Hormones: Lab			INR	PT	
Beta HCG	BHCG		Vitamin B12	B12	
Prolactin	PROL		PSA	PSA	
Progesterone	PROG		Liver Function Test	LFT	
Testosterone	TEST		CRP	CRP	
Oestradiol	OEST		Urea & Electrolytes	.ELEC	
FSH	FSH		Glucose Fasting/Non	GLUCR	
LH	LH		Creatinine	CREA	
DHEA	DHEA		Ferritin	FERR	
SHBG	SHBG		Albumin	ALBU	
Microbiology: Mic			Lipid Profile	.LIPI	
Wound Swab	WS		Iron	UIBC/IRON	
Urine MSU	UMC		24hr Urine Collection		
Faeces	FMC		Creatinine Clearance	CREAL	
Tumour Markers: Lab			24hr Urine Protein	PROT24	
CA-125	C125		Uric Acid	URIC24	
CA-153	C153		Urea & Electrolytes	.ELEU24	
CA-199	C199				

Other tests: _____

Requesting Doctor Name: _____ Signature: _____