PATHOLOGY REQUEST FORM
Blood Sciences Department

BON SECOURS HOSPITAL DUBLIN

FOR LABORATORY USE ONLY.
PLEASE AFFIX SPECIMEN NUMBER
BARCODE LABEL HERE

Phlebotomy Appointments: Log on to www.bonsecours.ie/Dublin & Click Book a Blood test which will direct you to the Swiftqueue site www.swiftqueue.ie

Patient Details: (Complete Fully OR Attach an Addressograph Label.

Surname:

First Name:

Date of Birth: / / Male: Female:

Patient's Address:

Doctor's Name: _____

Doctor's Signature: _____

Bleep/Telephone No: _____ (Mandatory)

Practice address/stamp

Clinical Details / Drug Therapy:

Clinical Chemistry

[ ] Renal Profile
[ ] Liver Profile
[ ] Bone Profile
[ ] Lipid Profile
[ ] EGFR
[ ] Thyroid
[ ] Arterial Lactate
[ ] Venous Lactate
[ ] Fasting Glucose
[ ] Random/PP Glucose
[ ] CRP

Haematology

[ ] Full Blood Count
[ ] ESR
[ ] Coag Screen(PT/APTT)
[ ] INR (PT) Warfarin: Yes [ ] No [ ]

Other Tests/ Referral Tests

For Laboratory Use Only

Please record any extra specimens received.

Serum [ ] EDTA [ ] Citrate [ ] Glucose [ ]

Date/Time Taken:	Blood Taken by:	Date/Time Received: