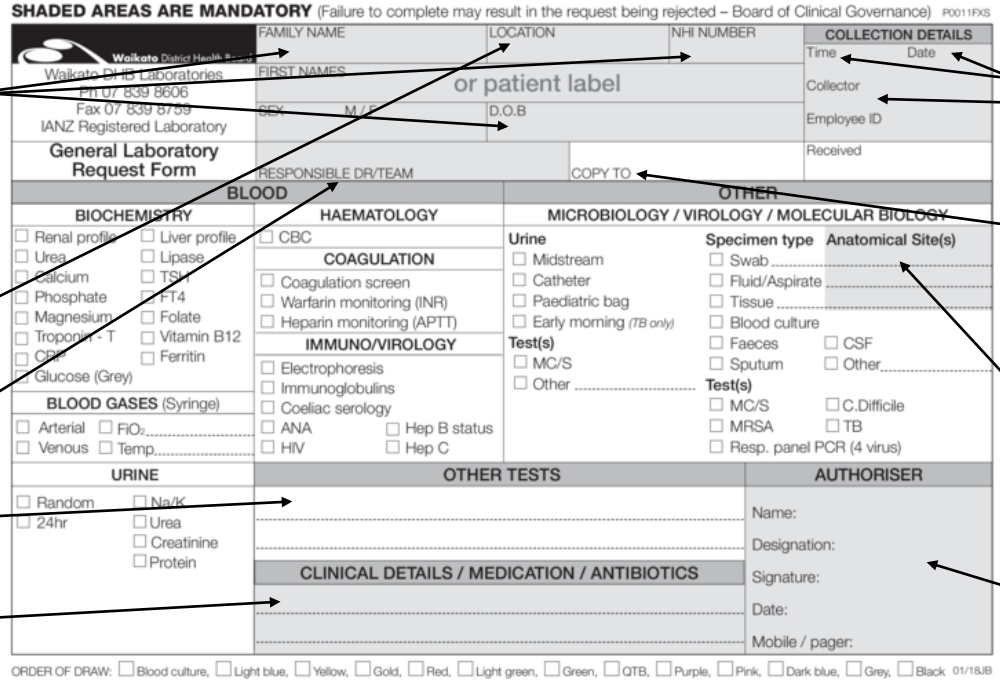
Laboratory Form Essentials



SHADED AREAS ARE MANDATORY (Failure to complete may result in the request being rejected – Board of Clinical Governance) P0011FXS

Waikato District Health Board
Waikato DHB Laboratories
PH 07 839 8606
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IANZ Registered Laboratory

General Laboratory Request Form

FAMILY NAME | LOCATION | NHI NUMBER
FIRST NAMES
or patient label
SEX M / F | D.O.B
RESPONSIBLE DR/TEAM | COPY TO

COLLECTION DETAILS
Time Date
Collector
Employee ID
Received

BLOOD

BIOCHEMISTRY
☐ Renal profile ☐ Liver profile
☐ Urea ☐ Lipase
☐ Calcium ☐ TSH
☐ Phosphate ☐ FT4
☐ Magnesium ☐ Folate
☐ Troponin - T ☐ Vitamin B12
☐ CRP ☐ Ferritin
☐ Glucose (Grey)

BLOOD GASES (Syringe)
☐ Arterial ☐ FiO_2.....
☐ Venous ☐ Temp.....

HAEMATOLOGY
☐ CBC

COAGULATION
☐ Coagulation screen
☐ Warfarin monitoring (INR)
☐ Heparin monitoring (APTT)

IMMUNO/VIROLOGY
☐ Electrophoresis
☐ Immunoglobulins
☐ Coeliac serology
☐ ANA ☐ Hep B status
☐ HIV ☐ Hep C

OTHER

MICROBIOLOGY / VIROLOGY / MOLECULAR BIOLOGY
Urine
☐ Midstream
☐ Catheter
☐ Paediatric bag
☐ Early morning *(TB only)*
Test(s)
☐ MC/S
☐ Other .....

Specimen type | Anatomical Site(s)
☐ Swab .....
☐ Fluid/Aspirate .....
☐ Tissue .....
☐ Blood culture
☐ Faeces ☐ CSF
☐ Sputum ☐ Other.....
Test(s)
☐ MC/S ☐ C.Difficile
☐ MRSA ☐ TB
☐ Resp. panel PCR (4 virus)

URINE
☐ Random ☐ Na/K
☐ 24hr ☐ Urea
☐ Creatinine
☐ Protein

OTHER TESTS

CLINICAL DETAILS / MEDICATION / ANTIBIOTICS

AUTHORISER
Name:
Designation:
Signature:
Date:
Mobile / pager:

ORDER OF DRAW: ☐ Blood culture, ☐ Light blue, ☐ Yellow, ☐ Gold, ☐ Red, ☐ Light green, ☐ Green, ☐ QTB, ☐ Purple, ☐ Pink, ☐ Dark blue, ☐ Grey, ☐ Black 01/18/B

Three unique identifiers:
- **NHI number**
- **Family name and first given name in full**
- **date of birth**

Correct destination for Laboratory report (ward/clinic)

Consultant's name

Legible information on extra tests required

Relevant clinical details and medications

Time and date of collection

Legible name and ID of person who collected the sample

Additional destinations for report - full name and location (or registration number)

Specimen type and site for anything that is not venous blood

Legible name, signature, date and contact details of the person who ordered the tests

STANDARDS:

- Shaded areas are mandatory
- All samples must be labelled in the presence of the patient and must reflect the patient's details.
- Ensure the patient details, the sample type, the labelling on the sample and the information on the request form are correct and match.
- For the safety of patients and staff, samples that do not meet laboratory labelling standards will not be processed unless exemptions apply.
- Where the request forms do not meet minimum requirements, samples will not be processed until the missing information is completed within two hours of collection by the appropriate person.