

To be filled by Medical Practitioner as per DH Circular No. 124/2010

Referral to Pathology Department at MDH

Patient Details:

Name:

Surname:

Address:

ID Card:

Sex:

 Age:

Date:

Tel. No.:

Mobile:

Postcode:

Relevant Clinical History:

Bacteriology

Urine C&S
Rickettsiae IgM

Sterile Univ Cont
Yellow Top

Biochemistry

Urinalysis and Microscopy	
Glucose	Fasting / Random
Urea	
Creatinine	
Electrolytes (Na, K, Cl)	
Lipid Profile (T. Chol, Trig, HDL, LDL)	
Liver Function Test (Bi, ALT, γ GT, ALP)	
Calcium	
Phosphate	
Uric Acid	
Ferritin	
B12, Folate	
Thyroid Function Test ** (TSH & FT4)	
Prostate-Specific Antigen ***	

Univ. Cont.
Grey Top
Yellow Top
Yellow Top

Haematology

Complete Blood Count *
Erythrocyte Sedimentation Rate

Purple Top
ESR Tube

Mycology

Skin, Nail, Hair

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Biochemistry

HbA1c

Purple Top

Date taken

d	d	m	m	y	y

Notes

Separate samples must be submitted for tests grouped separately under the Biochemistry section.

* Differential and blood film will be done only if considered indicated by Haematologist.

** Repeat TFTs will not be carried out by the laboratory within 6 weeks of any previous submissions for TFTs.

*** PSA requests will be accepted on a once-yearly basis.

Referring Doctor:

Name:

Surname:

Address:

Postcode:

Signature:

Tel. No.:

Mobile:

Med. Council Reg. No.:

E-Mail:

Data Protection Statement

All personal data is processed in accordance with the Data Protection Act, and as permitted by law. Further information about your data can be obtained on request from Customer Care Dept at MDH.