



PATHOLOGY REQUEST

Place labelled specimens in bag, remove protective strip, fold flap onto bag and seal firmly.

JB-74436

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Form No: RQF157
Issue No: 2.03
Active Date: 31/08/2021

Hospital No.		Consultant/G.P.	
Surname		Ward/Surgery	
Forename		G.P. Address	
Address		EMERGENCY PHONE NO. FOR CRITICAL RESULTS	
Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth / /		Urgent <input type="checkbox"/> Routine <input type="checkbox"/>	
SPECIMEN TYPE Blood <input type="checkbox"/> Urine <input type="checkbox"/> Volume (mL) MSU <input type="checkbox"/> CSU <input type="checkbox"/> Sputum <input type="checkbox"/> Faeces <input type="checkbox"/> *Swab <input type="checkbox"/> *Fluid <input type="checkbox"/> *Tissue <input type="checkbox"/>			
CLINICAL DIAGNOSIS AND THERAPY Date collected:/...../..... Time collected:			

*PLEASE STATE TYPE BELOW

BIOCHEMISTRY	ENDOCRINOLOGY	SEROLOGY/IMMUNOLOGY	MICROBIOLOGY	OTHER TESTS
<input type="checkbox"/> Renal profile <input type="checkbox"/> Liver profile <input type="checkbox"/> Bone profile <input type="checkbox"/> Lipid profile <input type="checkbox"/> Iron studies <input type="checkbox"/> AMH <input type="checkbox"/> Ferritin <input type="checkbox"/> C-Reactive Protein <input type="checkbox"/> HbA1c <input type="checkbox"/> Glucose Fasting/Random <input type="checkbox"/> PSA <input type="checkbox"/> Vitamin D <input type="checkbox"/> Vitamin B12 / Folate <input type="checkbox"/> Stool Occult Blood (FIT) <input type="checkbox"/> Urine Cortisol (24h: state volume) <input type="checkbox"/> Cortisol (state time) Other:	<input type="checkbox"/> TSH <input type="checkbox"/> FT4 <input type="checkbox"/> FT3 <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Oestradiol <input type="checkbox"/> Progesterone <input type="checkbox"/> Prolactin Other:	<input type="checkbox"/> Anti-Hepatitis B S Ab <input type="checkbox"/> Hepatitis B S Ag <input type="checkbox"/> Anti-Hepatitis C Ab <input type="checkbox"/> Hepatitis C Ag <input type="checkbox"/> Anti HIV Ab/Ag Combo <input type="checkbox"/> Anti-Rubella IgG/IgM <input type="checkbox"/> Syphilis Screen <input type="checkbox"/> Anti-TPO Ab <input type="checkbox"/> Anti-TG Ab <input type="checkbox"/> Anti-TTG Ab (Coeliac) <input type="checkbox"/> RF <input type="checkbox"/> Anti-CCP Ab <input type="checkbox"/> Anti-nuclear Ab <input type="checkbox"/> Anti-mitochondrial Ab <input type="checkbox"/> ANCA (MPO/PR3) <input type="checkbox"/> Anti-Parietal Cell Ab Other Auto-Ab (specify) Total IgE Specific IgE (specify allergens)	<input type="checkbox"/> Urine C&S <input type="checkbox"/> Faeces C&S <input type="checkbox"/> Sputum C&S <input type="checkbox"/> Blood Culture C&S <input type="checkbox"/> Swab C&S *Swab type/site: <input type="checkbox"/> Fluid C&S *Fluid type/site: <input type="checkbox"/> Tissue C&S *Tissue type/site: <input type="checkbox"/> Fungal culture *Sample type/site: <input type="checkbox"/> EBSL Screen *Sample type/site: <input type="checkbox"/> MRSA Screen *Sample type/site: <input type="checkbox"/> CPE Screen *Sample type/site: <input type="checkbox"/> VRE Screen *Sample type/site: <input type="checkbox"/> Faecal ova, cysts, parasites <input type="checkbox"/> Faecal C. difficile toxin screen <input type="checkbox"/> Faecal H. pylori antigen Other Tests: *Sample type/site:	<div>DATE / TIME RECEIVED (LAB USE ONLY)</div>

USE DESIGNATED FORMS FOR HISTOLOGY & GYNAE CYTOLOGY

BAG

PLEASE ENSURE

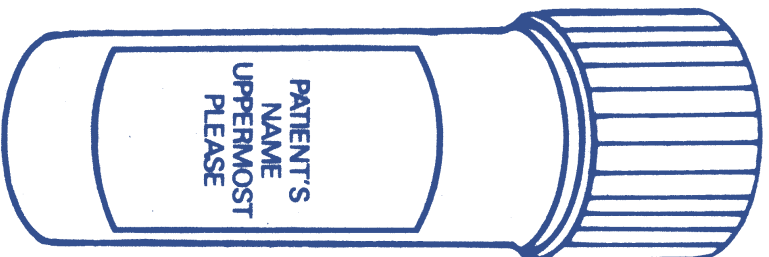
CAP IS TIGHT



INSERT

SPECIMEN THIS WAY

PLEASE
LABEL
SPECIMEN
CONTAINER



DANGER OF INFECTION LABELLING

In the case of 'High Risk' specimens both the specimen CONTAINER and REQUEST/S must be correctly labelled to indicate a 'DANGER OF INFECTION'

PLEASE ENSURE THAT ADEQUATE CLINICAL INFORMATION IS SUPPLIED AS REQUESTED OVER

HEALTH AND SAFETY PRECAUTIONS. SPECIMEN HANDLING.

If you drop and break a specimen do not touch it or try to clear up the mess. Stay with the specimen to prevent other people touching it and send someone to the laboratory for help.

If you cut or prick yourself or have an accident, however small, tell the laboratory Safety Officer and carry out the appropriate accident procedure.

Carry all specimens in the equipment provided, not in your hands or in your pockets.

Never eat, drink or smoke when you are carrying specimens, and wash your hands frequently.



PLEASE HANDLE WITH CARE

