

**DEPARTMENT OF PATHOLOGY  
DOWNTIME REQUEST FORM FOR GP'S**

SURNAME (PLEASE PRINT IN BOXES) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	PATIENTS NHS/HOSP. NO	DATE OF SPECIMEN	TIME TAKEN
FORNAMES (PLEASE PRINT IN BOXES) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	D.O.B.	SEX	PRINT REQUESTOR NAME & PRACTICE ADDRESS
ADDRESS <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		M / F	

POSTCODE <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	CLINICAL DATA, RELEVANT DRUGS, ANTIBIOTICS <div style="border: 1px solid black; height: 60px;"></div>
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<b>HAEMATOLOGY TEL: 206 4979/80</b>  FBC <input type="checkbox"/> ESR <input type="checkbox"/> IM SCREEN <input type="checkbox"/> HbA1c (RED EDTA) <input type="checkbox"/> COAG. SCREEN <input type="checkbox"/> INR <input type="checkbox"/> GP&RH <input type="checkbox"/> SPECIFY OTHER TESTS <input type="checkbox"/> ----- -----	<b>CLINICAL BIOCHEMISTRY TEL : 206 4958/9</b>  UREA, CREATININE, eGFR, NA, K <input type="checkbox"/> LFT <input type="checkbox"/> PSA <input type="checkbox"/> B12/FOLATE <input type="checkbox"/> TFT (NOT ON T4) <input type="checkbox"/> LIPIDS: FASTING <input type="checkbox"/> RANDOM <input type="checkbox"/> GLUCOSE: FASTING <input type="checkbox"/> RANDOM <input type="checkbox"/> (YELLOW FLUORIDE FOR GLUCOSE) MICROALBUMIN (URINE) <input type="checkbox"/> PROTEIN / CREAT RATIO (URINE) <input type="checkbox"/> SPECIFY OTHER TESTS <input type="checkbox"/> -----
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<b>IMMUNOLOGY TEL: 206 5575</b>  PLEASE SPECIFY TEST WITH RELEVANT CLINICAL DETAILS: ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- -----	<b>MICROBIOCHEMISTRY TEL : 206 5026/7</b>  <table style="width:100%;"> <tr> <td style="width:50%;">                             URINE MSU / CSU (MC+S) <input type="checkbox"/>                              URINE HCG (preg test) <input type="checkbox"/>                              GENITAL SWAB CULTURE <input type="checkbox"/>                              SITE..... CHLAMYDIA <input type="checkbox"/>                              THROAT SWAB <input type="checkbox"/>                              EYE SWAB <input type="checkbox"/> L R                              EAR SWAB <input type="checkbox"/> L R                              WOUND SWAB <input type="checkbox"/>                              Site                              SPUTUM ROUTINE <input type="checkbox"/>                                        AAFB <input type="checkbox"/>                              FAECES CULTURE <input type="checkbox"/>                              H.PYLORI FAECAL ANTIGEN <input type="checkbox"/>                              OTHER <input type="checkbox"/> </td> <td style="width:50%; vertical-align: top;"> <b>SEROLOGY</b>                              HEPATITUS - ACUTE <input type="checkbox"/>                              HEPATITUS - ACUTE <input type="checkbox"/>                              HEP B AB (Immunity) <input type="checkbox"/>                              HEPATITUS C <input type="checkbox"/>                              HEPITITUS A(IgM) <input type="checkbox"/>                              HIV <input type="checkbox"/>                              RUBELLA (IgG) <input type="checkbox"/>                              SYPHILIS <input type="checkbox"/>                              VZV <input type="checkbox"/>                              CMV <input type="checkbox"/>                              EBV <input type="checkbox"/>                              TOXOPLASMA <input type="checkbox"/>                              OTHER -----                         </td> </tr> </table>	URINE MSU / CSU (MC+S) <input type="checkbox"/> URINE HCG (preg test) <input type="checkbox"/> GENITAL SWAB CULTURE <input type="checkbox"/> SITE..... CHLAMYDIA <input type="checkbox"/> THROAT SWAB <input type="checkbox"/> EYE SWAB <input type="checkbox"/> L R EAR SWAB <input type="checkbox"/> L R WOUND SWAB <input type="checkbox"/> Site SPUTUM ROUTINE <input type="checkbox"/> AAFB <input type="checkbox"/> FAECES CULTURE <input type="checkbox"/> H.PYLORI FAECAL ANTIGEN <input type="checkbox"/> OTHER <input type="checkbox"/>	<b>SEROLOGY</b> HEPATITUS - ACUTE <input type="checkbox"/> HEPATITUS - ACUTE <input type="checkbox"/> HEP B AB (Immunity) <input type="checkbox"/> HEPATITUS C <input type="checkbox"/> HEPITITUS A(IgM) <input type="checkbox"/> HIV <input type="checkbox"/> RUBELLA (IgG) <input type="checkbox"/> SYPHILIS <input type="checkbox"/> VZV <input type="checkbox"/> CMV <input type="checkbox"/> EBV <input type="checkbox"/> TOXOPLASMA <input type="checkbox"/> OTHER -----
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**CELLULAR PATHOLOGY TEL: 206 5008**

**YOU MUST COMPLETE THE MANDATORY CONCENT INFORMATION BELOW**

SPECIFY NATURE & SITE OF SPECIMEN \_\_\_\_\_  
 \_\_\_\_\_

**CELLULAR PATHOLOGY CONSENT INFORMATION (MANDATORY)**

I confirm that the Patient / Consenter has not placed any restriction on the use of this tissue for healthcare education or training, public health monitoring, clinical audit or quality assurance. (Tick if NO restrictions)

**OR** The patient / consenter has placed restriction on the use of this tissue in the following way (give details)

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Please ensure all health and safety precautions are complied with as shown.