

# Pathology Request Form

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Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of birth : \_\_\_\_\_

Order date: \_\_\_\_\_ Patient number: \_\_\_\_\_

Ordering consultant/GP: \_\_\_\_\_

Urgent/routine: \_\_\_\_\_

Clinical details

Date : \_\_\_\_\_

## BIOCHEMISTRY

<b>EL</b>	Urea and Electrolytes	
<b>LFT</b>	Liver Functions	
<b>LIPA</b>	Lipase	
<b>BONE</b>	Bone Profile	
<b>PS</b>	Inorganic PO4	
<b>CK</b>	CK	
<b>CRP</b>	CRP	
<b>GLF</b>	Glucose	
<b>HBA1</b>	Hb A1 C	
<b>GIMS</b>	Immunoglobulins	
<b>LD</b>	LDH	
<b>CHO</b>	Cholesterol	
<b>LIP</b>	Lipids	
<b>PE</b>	Prot. Electrophoresis	
<b>TRO</b>	Troponin T	
<b>UA</b>	Uric Acid	
<b>VTDT</b>	Vitamin D	

## IMMUNOLOGY

<b>AAT</b>	Alpha-1-AT	
<b>ADRC</b>	Adrenal antibodies	
<b>ANCA</b>	ANCA	
<b>HEP2</b>	Anti Nuclear ab (ANA)	
<b>ASPP</b>	Aspergillus precipitins	
<b>ACCP</b>	CCP	
<b>CAE</b>	Ceruloplasmin	
<b>ADNA</b>	2 stranded DNA ab	
<b>XLEBV</b>	Epstein Bar Virus IgG	
<b>HATO</b>	Hepatitis A	
<b>HEPB</b>	Hepatitis B Profile	
<b>HBSAB</b>	Hepatitis B surface ab	
<b>HCV</b>	Hepatitis C ab	
<b>TPO</b>	Thyroid Abs	
<b>IGE</b>	IgE	
<b>OVA</b>	Ovarian Abs	
<b>M</b>	Monospot	
<b>PTH</b>	PTH	
<b>RHF</b>	Rheumatoid Factor	
<b>SYPH</b>	Syphilis ab	
<b>IGF1</b>	Somatomedin (IGF-1)	

## HAEMATOLOGY

<b>E</b>	ESR	
<b>C</b>	FBC	
<b>INRW</b>	INR	
<b>CS</b>	Clotting screen (APTT)	
<b>FIB</b>	Fibrinogen	
<b>DDIM</b>	D-dimer	
<b>FOL</b>	Serum Folate	
<b>FER</b>	Ferritin	
<b>VB12</b>	B12	

## IMMUNOASSAYS

<b>TF</b>	Thyroid Function	
<b>F-T3</b>	Free T3	
<b>HCGP</b>	bHCG	
<b>LH</b>	LH	
<b>FSH</b>	FSH	
<b>PRL</b>	Prolactin	
<b>E2</b>	Oestradiol	
<b>PRG</b>	Progesterone	
<b>TES</b>	Testosterone	
<b>SHB</b>	SHBG	
<b>FAI</b>	Free Androgen Index	
<b>COR</b>	Cortisol	
<b>AFPT</b>	Alpha Feto Protein	
<b>CEA</b>	Carcinoembionic Ag	
<b>CA125</b>	CA125	
<b>CA153</b>	CA153	
<b>CA199</b>	CA199	
<b>PSAE</b>	Total PSA	

## OTHER TESTS

<b>ACE</b>	ACE	
<b>UBJP</b>	Bence Jones Protein	
<b>BNP</b>	BNP	
<b>QFT</b>	Quantiferon (TB)	
<b>TPMT</b>	TPMT	
<b>AMH</b>	AMH	
<b>HE4</b>	HE4 ROMA	
<b>FCALP</b>	Calprotectin	
<b>FELAS</b>	Elastase	
<b>FIT</b>	Occult Blood	
<b>HPAT</b>	H. pylory Antigen	

## PROFILES

<b>LIV</b>	Liver Antibodies	
<b>EXEH</b>	Haem/Biochemical	
<b>TTGS</b>	Coeliac antibodies	
<b>GUT</b>	Gut Hormones	
<b>IRON</b>	Iron Profile	
<b>FRAST</b>	RAST General	
<b>IRAST</b>	RAST Inhalants	
<b>FDRAST</b>	RAST Food	
<b>CRAST</b>	RAST Children	
<b>PSAS</b>	Prostate Profile	
<b>TP</b>	Thrombotic screen	
<b>KST</b>	Synacthen short	

Other tests:

<b>Gold</b>	<b>Red</b>	<b>Light blue</b>	<b>Lavender</b>	<b>Grey</b>
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Self Pay / Est. insured fee £ _____	Patient Consent
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