

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

UE	Urea and Electrolytes	
LFT	Liver Functions	
LIP	Lipase	
BONE	Bone Profile	
PHOS	Phosphate	
CK	CK	
CRP	CRP	
GLX	Glucose	
HBA2	Hb A1 C	
GIMS	Immunoglobulins	
LDH	LDH	
CHO	Cholesterol	
LIPD	Lipid Profile	
PE	Prot.Electrophoresis	
TNT	Troponin T	
UA	Uric Acids	
25VD	Vitamin D	

IMMUNOLOGY

AAT	Alpha-1-AT	
ADCA	Adrenal antibodies	
ANCA	ANCA	
HEP2	Anti Nuclear ab(ANA)	
GASP	Aspergillus precipitins	
CCP	CCP	
CAER	Ceruloplasmin	
KDNA	2 stranded DNA ab	
TPO	Thyroid Abs	
IGE	IgE	
OVA	Ovarian Abs	
IM	Mononucleosis	
PTH	PTH	
RFI	Rheumatoid Factor	
SYPG	Syphilis ab	
IGF1	Somatomedin (IGF-1)	

VIROLOGY

EBV	Epstein Bar Virus IgG	
HAVT	Hepatitis A	
HEPB	Hepatitis B Profile	
HBST	Hepatitis B surface ab	
HCA	Hepatitis C ab	
HIV	HIV 1&2	

HAEMATOLOGY

ESR	ESR	
FBC	FBC	
WINR	INR	
COAG	Coagulation Screen	
FIB	Fibrinogen	
DDIM	D-dimer	
FOL	Serum Folate	
FER	Ferritin	
B12	B12	

IMMUNOASSAYS

TFT	Thyroid Function	
FT3	Free T3	
PHCG	bHCG	
LH	LH	
FSH	FSH	
PROL	Prolactin	
OE2	Oestradiol	
PROG	Progesterone	
TEST	Testosterone	
SHBG	SHBG	
FAI	Free Androgen Index	
CORT	Cortisol	
AFP	Alpha Feto Protein	
CEA	Carcinoembryonic Ag	
C125	CA125	
C153	CA153	
C199	CA199	
PSA	Total PSA	

OTHER TESTS

ACE	ACE	
UBJP	Urine Protein Electrophoresis	
NBNP	NT-Pro BNP	
QUAN	Quantiferon (TB)	
TPMT	TPMT	
AMH	AMH	
CALP	Calprotectin	
ELAS	Elastase	
FIT	FIT test	
HELG	H. pylory Antigen	

PROFILES

LAB	Liver Antibodies	
EXEH	Haem/Biochemical	
TTGS	Coeliac antibodies	
GUTS	Gut Hormones	
IRON	Iron Profile	
FRAST	RAST General	
IRAST	RAST Inhalants	
FDRAST	RAST Food	
CRAST	RAST children	
PSAR	Prostate Profile	
THS	Thrombotic screen	
SYN	Synacthen short	

Other tests:

Gold	Light blue
Lavender	Grey

Self Pay / Estimated insured Fee* £ _____	Patient Consent
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*Please note that Insurer prices vary by provider and can vary significantly from the Hospital's Self Pay prices. You may wish to check with your Insurer.
*Please note that the venepuncture charge is an additional £25