



**NATIONAL HEALTH
LABORATORY SERVICE**

**PATHOLOGY ANALYSIS
REQUEST
for
BIOCHEMISTRY, HAEMATOLOGY, MICROBIOLOGY
AND IMMUNOLOGY/SEROLOGY**

Please turn pad over for Histopathology and Cytopathology

NATIONAL HEALTH LABORATORY SERVICE

CHEMICAL PATHOLOGY	ENZYMES	ENDOCRINOLOGY	BONES & STONES	METABOLIC
ELECTROLYTES & RENAL G = PLASMA / R = SERUM G/R5 U & E G/R2 NA G/R2 K G/R2 GL G/R2 TCO2 G/R2 UREA G/R2 CREATININE <input type="checkbox"/> BLOOD GASES	R5 CARDIAC ENZYMES R2 CK R2 CK-MB R2 LDM R2 AMYLASE PROTEINS R2 TOTAL PROTEIN R2 ALBUMIN LIVER FUNCTIONS R5 LFTs R2 ALK PHOS R2 BILIRUBIN R2 AST R2 ALT R2 GST	R5 THYROID FUNCTIONS R2 FREE T3 R2 FREE T4 R2 TSH R2 B HCG DRUG MONITORING <input type="checkbox"/> PEAK <input type="checkbox"/> TROUGH R2 CARBAMAZEPINE R2 PHENYTOIN R2 DIGOXIN R2 LITHIUM R2 THEOPHYLLINE	R2 CALCIUM R2 URATE R2 MAGNESIUM R2 ALK PHOS R2 PHOSPHATE CSF <input type="checkbox"/> TOTAL PROTEIN <input type="checkbox"/> CHLORIDE <input type="checkbox"/> GLUCOSE TOXICOLOGY R2 SALICYLATES R2 PARACETAMOL R2 BARBITURATES	R5 LIPOGRAM R2 CHOLESTEROL R2 HDL- CHOLESTEROL R2 FASTING TRIGLYCERIDES GY2 GLUCOSE
HAEMATOLOGY	IMMUNOLOGY / SEROLOGY		PROCESSING LABORATORY	
P5 FBC P5 WBC - TOTAL P5 FBC/PLAT BK3,5 ESR P5 Hb P5 RETICS P5 WBC - DIFF P5 PLATELETS B5 INR (PI) B5 PTT P5 T CELL SUBSETS	AUTO IMMUNE R5 ANF R5 RF R5 ANTI - MITOCHONDRIAL R5 ANTI - D.S. DNA R5 ANTI - PARIETAL CELL R5 COMPLEMENT R5 C3 R5 C4 R5 ANTI - SMOOTH MUSCLE BACTERIAL R5 ASOT R5 ANTI - DNA se B R5 ANTI - HYALURONIDASE R5 TMX R5 WIDAL R5 BRUCELLA R5 WEIL FELIX VIRAL R5 HEPATITIS A B C HEPATITIS B R5 Ab R5 Ag R5 HIV 1/2 R5 COXSACKIE R5 RUBELLA R5 HERPES R5 TORCH		STD R5 FTA R5 RPR R5 TPHA PARASITES R5 TOXOPLASMOSIS R5 AMOEBIC R5 BILHARZIA	

GUIDE TO THE USE OF THE NHLS HOSPITALTEST REQUEST FORM

Volumes of blood and tubes required are indicated in red in the table above to the left of the investigation eg. R5 = Red top tube, 5ml.

TUBE IDENTIFICATION: B - BLUE TOP, BK - BLACK TOP, G - GREEN TOP, GY - GREY TOP, P - PURPLE TOP, PL - PLASTIC TUBE, R - RED TOP

- Place the specimen containers in the biohazard bags with the completed test-request form in the separate pouch attached to the bag.
- The tests listed are the more commonly requested investigations. Please use the space marked "other" to request unlisted tests.
- The volumes of blood and tubes required are indicated above, these being approximate and often 5ml is sufficient for multiple investigations. For submission of smaller volumes and use of microtainers please contact your local NHLS laboratory.

PROFILE COMPONENTS

Investigations performed as part of the profiles listed may vary slightly from laboratory to laboratory depending on local practise. PLEASE CHECK WITH THE LABORATORY SERVING YOUR AREA.

BIOCHEMISTRY

U & E - Sodium, Potassium, Chloride, Total CO₂, Urea

LFT's - Total protein, Albumin, Total bilirubin, Direct bilirubin, Gamma glutamyl transferase, Aspartate transaminase, Alanine transaminase, Alkaline phosphatase

CARDIAC ENZYMES - Creatine kinase, Creatine kinase - MB fraction, Lactate dehydrogenase

LIPOGRAM - Total cholesterol, HDL cholesterol, Fasting triglycerides

THYROID FUNCTIONS - Free T₄, TSH

HAEMATOLOGY

FBC - WBC, RBC, Hb, PCV, MCV, MCH, MCHC

FBC, PLT - As above plus platelet count

T CELL SUBSETS - WBC, CD₃, CD₄, CD₈

IMMUNOLOGY/SEROLOGY

TMX - Widal, Brucella, Weil Felix

HEPATITIS A - IgM antibody
 B - surface antigen/antibody, anti E antigen, anti core antigen
 C - IgG antibody

TORCH - Toxoplasmosis, Rubella, Cytomegalovirus, Herpes simplex

NATIONAL HEALTH LABORATORY SERVICE

✉ 1038 JOHANNESBURG 2000 • ☎ (011) 489-9000

REF. C662898

P A T I E N T	HOSP./CLINIC			ACCOUNT TO		
	HOSPITAL NO.	WARD				
	SURNAME					
	FIRST NAMES			TEL. NO.	H	W
	ADDRESS			EMPLOYER		
	DATE OF BIRTH			DOCTOR		FAX NO.
	IDENTITY NO.			ADDRESS		TEL. NO.
	DATE TAKEN			COPIES TO		
	MED. AID NAME			ADDRESS		
	MED. AID NO.					

OTHER INVESTIGATION (Please Specify)

CLINICAL DETAILS

PLEASE SUBMIT A SEPARATE SPECIMEN FOR EACH DISCIPLINE
PROFILES IN RED AS ACCEPTED BY THE NATIONAL PATHOLOGY GROUP

URGENT

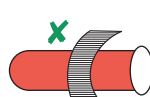
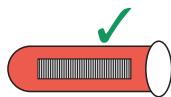
LAB NO.'S

CHEMICAL PATHOLOGY ELECTROLYTES & RENAL PLASMA/SERUM <input type="checkbox"/> U & E <input type="checkbox"/> NA <input type="checkbox"/> K <input type="checkbox"/> CL <input type="checkbox"/> TCO ₂ <input type="checkbox"/> UREA <input type="checkbox"/> CREATININE <input type="checkbox"/> BLOOD GASES	ENZYMES <input type="checkbox"/> CARDIAC ENZYMES <input type="checkbox"/> CK <input type="checkbox"/> CK-MB <input type="checkbox"/> LDM <input type="checkbox"/> AMYLASE PROTEINS <input type="checkbox"/> TOTAL PROTEIN <input type="checkbox"/> ALBUMIN LIVER FUNCTIONS <input type="checkbox"/> LFTs <input type="checkbox"/> ALK PHOS <input type="checkbox"/> BILIRUBIN <input type="checkbox"/> AST <input type="checkbox"/> ALT <input type="checkbox"/> GGT	ENDOCRINOLOGY <input type="checkbox"/> THYROID FUNCTIONS <input type="checkbox"/> FREE T ₃ <input type="checkbox"/> FREE T ₄ <input type="checkbox"/> TSH <input type="checkbox"/> B HCG DRUG MONITORING <input type="checkbox"/> PEAK <input type="checkbox"/> TROUGH <input type="checkbox"/> CARBAMAZEPINE <input type="checkbox"/> PHENYTOIN <input type="checkbox"/> DIGOXIN <input type="checkbox"/> LITHIUM <input type="checkbox"/> THEOPHYLLINE	BONES & STONES <input type="checkbox"/> CALCIUM <input type="checkbox"/> URATE <input type="checkbox"/> MAGNESIUM <input type="checkbox"/> ALK PHOS <input type="checkbox"/> PHOSPHATE CSF <input type="checkbox"/> TOTAL PROTEIN <input type="checkbox"/> CHLORIDE <input type="checkbox"/> GLUCOSE TOXICOLOGY <input type="checkbox"/> SALICYLATES <input type="checkbox"/> PARACETAMOL <input type="checkbox"/> BARBITURATES	METABOLIC <input type="checkbox"/> LIPOGRAM <input type="checkbox"/> CHOLESTEROL <input type="checkbox"/> HDL - CHOLESTEROL <input type="checkbox"/> FASTING TRIGLYCERIDES <input type="checkbox"/> GLUCOSE	
HAEMATOLOGY <input type="checkbox"/> FBC <input type="checkbox"/> WBC - TOTAL <input type="checkbox"/> FBC/PLAT <input type="checkbox"/> ESR <input type="checkbox"/> Hb <input type="checkbox"/> RETICS <input type="checkbox"/> WBC - DIFF <input type="checkbox"/> PLATELETS <input type="checkbox"/> INR (PI) <input type="checkbox"/> PTT <input type="checkbox"/> T CELL SUBSETS	IMMUNOLOGY / SEROLOGY AUTO IMMUNE <input type="checkbox"/> ANF <input type="checkbox"/> RF <input type="checkbox"/> ANTI-MITOCHONDRIAL <input type="checkbox"/> ANTI - D.S. DNA <input type="checkbox"/> ANTI - PARIETAL CELL <input type="checkbox"/> COMPLEMENT <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> ANTI - SMOOTH MUSCLE BACTERIAL <input type="checkbox"/> ASOT <input type="checkbox"/> ANTI-DNAse B <input type="checkbox"/> ANTI - HYALURONIDASE <input type="checkbox"/> TMX <input type="checkbox"/> WIDAL <input type="checkbox"/> BRUCELLA <input type="checkbox"/> WEIL FELIX VIRAL <input type="checkbox"/> HEPATITIS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C HEPATITIS B <input type="checkbox"/> Ab <input type="checkbox"/> Ag <input type="checkbox"/> HIV 1/2 <input type="checkbox"/> COXSACKIE <input type="checkbox"/> RUBELLA <input type="checkbox"/> HERPES <input type="checkbox"/> TORCH STD <input type="checkbox"/> FTA <input type="checkbox"/> RPR <input type="checkbox"/> TPHA PARASITES <input type="checkbox"/> TOXOPLASMOSIS <input type="checkbox"/> AMOEBIC <input type="checkbox"/> BILHARZIA		MICROBIOLOGY SPECIMEN TYPE <input type="checkbox"/> BLOOD <input type="checkbox"/> CSF <input type="checkbox"/> SWAB describe below <input type="checkbox"/> ASPIRATE <input type="checkbox"/> SPUTUM <input type="checkbox"/> BAL <input type="checkbox"/> TA <input type="checkbox"/> MID STREAM URINE <input type="checkbox"/> CSU <input type="checkbox"/> SPA <input type="checkbox"/> STOOL <input type="checkbox"/> RECTAL SWAB <input type="checkbox"/> THROAT SWAB <input type="checkbox"/> FLUID (Specify) <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> COMMUNITY ACQUIRED <input type="checkbox"/> NOSOCOMIAL <input type="checkbox"/> ANTIMICROBIALS COMMENCED		INVESTIGATION REQUIRED <input type="checkbox"/> PARASITES <input type="checkbox"/> MALARIA <input type="checkbox"/> MICROSCOPY <input type="checkbox"/> CULTURE <input type="checkbox"/> SENSITIVITY <input type="checkbox"/> ANAEROBIC CULTURE <input type="checkbox"/> TB MICROSCOPY <input type="checkbox"/> TB CULTURE <input type="checkbox"/> TB SENSITIVITY <input type="checkbox"/> FUNGAL MICROSCOPY <input type="checkbox"/> FUNGAL CULTURE <input type="checkbox"/> NEUTROPAENIA <input type="checkbox"/> T-CELL DEFECT <input type="checkbox"/> B-CELL DEFECT



AIOH4036

APPLY BAR CODE LENGTHWISE DO NOT WRAP AROUND



DESCRIBE WOUND AND SITE

P02A1426version1_Uniprint-F



AAAA0001P



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LABORATORY SERVICE**

**PATHOLOGY ANALYSIS
REQUEST
for
HISTOPATHOLOGY AND CYTOPATHOLOGY**

Please turn pad for Biochemistry, Haematology, Microbiology and Immunology/Serology