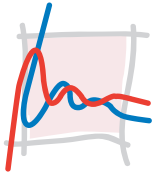




WVG 007

Guy's and St Thomas'
NHS Foundation TrustCENTRE FOR HAEMOSTASIS
AND THROMBOSIS

(The Haemophilia Reference Centre)

JB-42/462

YOUR SAMPLE WILL NOT BE PROCESSED IF IT HAS NOT BEEN LABELLED APPROPRIATELY

HAEMOSTASIS REQUEST FORM

HAEMOSTASIS & THROMBOSIS BLOOD TEST REQUEST FORM - URGENT AND NON URGENT SAMPLES

PID LABEL or HANDWRITE IN BLOCK CAPITALS		DESTINATION DATA / GP LABEL CODES		SOURCE	
NHS/PID NUMBER:		REPORT DESTINATION:		NHS:	
SURNAME:		CONSULTANT/GP CODE:		PRIVATE:	
FORENAME:		SPECIALITY/PRACTICE CODE:		OTHER:	
DATE OF BIRTH:		OTHER:			
ANTICOAGULANT THERAPY?	Y N	CLINICAL DETAILS:			LAB USE ONLY
PLEASE SPECIFY:					
DAYTIME TELEPHONE No.: (STH) 82797/99 (GUY`S) 80688/89 OUT OF HOURS BLEEP BMS: 2005					
HAEMOSTASIS			OTHER SPECIALIST INVESTIGATIONS:		
COAGULATION SCREEN (1 x CITRATE) <input type="checkbox"/>			(FOR SAMPLE REQUIREMENTS PLEASE SEE BACK OF FORM)		
D-DIMERS (1 x CITRATE) <input type="checkbox"/>					
THROMBOPHILIA PROFILE (4 x CITRATE + 1 x CLOTTED) <input type="checkbox"/>					
ANTIPLHOSPHOLIPID PROFILE (2 x CITRATE + 1 x CLOTTED) <input type="checkbox"/>					
DOCTORS NAME (Print) _____			BLEEP No.: _____ Date: _____		
			SIGNATURE: _____		

Guy`s and St.Thomas` NHS Foundation Trust

Haemostasis and Thrombosis Laboratory Services

Useful Information for all Clinical Staff

Patient Sample Identification Criteria

All sections must be completed correctly (hospital number, surname, forename, date of birth). Identify the patients consultant / GP / destination codes etc.

SAMPLE TUBE REQUIREMENTS

ADULT	PAEDIATRIC
B LUE TOP (CITRATE TUBE) P URPLE TOP (EDTA TUBE) R ED TOP OR YELLOW SST (CLOTTED TUBE)	G REEN TOP (NON VACUTAINER CITRATE TUBE) B LUE TOP (SMALL CITRATE VACUTAINER TUBE) L ILAC TOP (SMALL EDTA TUBE) R ED TOP OR YELLOW SST (CLOTTED TUBE)

CLINICAL ADVICE

Phone STH ext. 82790

HAEMOSTASIS LABORATORY

For further investigations
phone STH ext. 82797

MOLECULAR GENETICS UNIT

Requirement 1 x **P** Thrombophilia
Risk Factors

All other Molecular Analysis must
be discussed with a departmental
consultant prior to referral
Phone STH ext. 82798

NUTRISTASIS UNIT

Vitamin K 1 x **R** (protect from light)
Warfarin 1 x **R**

Rodenticide Screen 1 x **R**
PIVKA-II 1 x **R**
Homocysteine/MMA 1 x **P**
(separate within 2 hours)
Phone STH ext. 86815/86816

CONTACT SERVICE (RESULTS AND ADVICE)

- Guy's and St Thomas' Hospital RRS/EPR
- Routine telephone enquiries:
 - ◆ 020 7188 2799 for external clients
- Clinical advice 24 hours a day. Contact switchboard

Out of Hours Haemostasis Laboratory Service results will be available from the RRS/EPR
CONTACT SWITCHBOARD IF FURTHER ASSISTANCE IS REQUIRED