

THE PORTLAND HOSPITAL COPD REQUEST FORM

PATIENT DETAILS (PLEASE PRINT)			
FULL NAME	DOB	AGE	SEX

CLINICAL DETAILS
ANTIBIOTIC THERAPY

REQUESTED BY (PLEASE PRINT)	
DATE	SIGNATURE

NATURE OF SPECIMEN			
BLOOD	SWAB	URINE	STOOL
			URGENT

HAEMATOLOGY	TICK
FBC + DIFF + PLATLETS	
ESR	
Hb ELECTROPHORESIS	
MALARIAL PARASITES	
MONOSPOT	
RETICULOCYTES	
SICKLE CELL	
G6PD SCREEN	
CLOTTING SCREEN	
BIOCHEMISTRY	TICK
ELECTROLYTES	
BIOCHEMISTRY PROFILE + GLUCOSE	
CRP	
TFT	
TOTAL T4	
FREE T3	
LFT	
FERR	
AMYLASE	
BILC	
CHROMOSOMES	
CHROMOSOMES + FRAGILE X	
SAVE SERUM	
ELASTASE 1 LEVELS (FAECAL)	
ENDOCRINE	TICK
PROLACTIN	
CORTISOL	
TESTOSTERONE	
LH	
FSH	
17 HYDROXY PROGESTERONE	
ANDROSTENEDIONE	
OESTRADIOL	
DHEA SULPHATE	
IGFBP (IGFBP1 + IGFBP3)	
GLYCATED HB	
ALPHA FETO PROTEIN	

RHEMATOLOGY	TICK
ANA	
RF	
ANTI RO/ANTI LA	
IMMUNOLOGY / SEROLOGY	TICK
IMMUNOGLOBULIN PROFILE	
ASOT	
C3 COMPLEMENT	
C4 COMPLEMENT	
IGG SUBCLASSES	
TISSUE AUTO ANTIBODIES	
COELIAC SCREEN	
FUNCTIONAL ANTIBODIES	
MMR IMMUNITY	
NEUROLOGY	TICK
VLCFA	
PLASMA AMINO ACIDS	
AMMONIA	
BIOTINIDASE	
LACTATE	
WHITE CELL ENZYMES	
URATE	
BILIARY ACIDS	
TRANSFERRIN ISOFORMS	
CARNITINE PROFILE	
URINE AMINO ACIDS	
URINE REDUCING SUBSTANCES	
SULPHATE IN URINE	
MUCOPOLYSACCHARIDES	
URINE ORGANIC ACIDS	
MICROBIOLOGY	TICK
URINE	MC & S
STOOL	MC & S
CULTURE + SENSITIVITY	
FUNGAL CULTURE	
OC&P	
OCCULT BLOOD	
ROTA VIRUS	
BLOOD CULTURE	

OTHER TESTS REQUIRED
