

**GP MONTHLY PATHOLOGY REQUISITIONS ORDER FORM**  
(Tel: NTGH 0191 2934321, WGH 01670 5293758 HGH 01434 655017)

<b>SURGERY/HOSPITAL</b>	<b>DATE ORDERED</b>
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VACUTAINERS	AMOUNT REQUIRED	AMOUNT SUPPLIED	REASONS FOR VARIATION
GENERAL CHEMISTRY - SST <span style="float:right">(YELLOW)</span>			
GLUCOSE – Fluoride Oxalate <span style="float:right">(GREY)</span>			
TRACE ELEMENTS <span style="float:right">(ROYAL BLUE)</span>			
FBC/HbA1c – EDTA <span style="float:right">(PURPLE)</span>			
COAGULATION – Sodium Citrate <span style="float:right">(BLUE)</span>			
TRANSFUSION – Crossmatch – EDTA <span style="float:right">(PINK)</span>			
<b>MICROBIOLOGY</b>			
SWABS – Routine (labelled 'Wound')			
SWABS – MRSA			
CHLAMYDIA SWABS - <b>male</b>			
CHLAMYDIA SWABS - <b>female</b>			
VIRAL SWABS			
SWABS PER NASAL – Whooping Cough			
UNIVERSAL URINE CONTAINERS - (WHITE)			
BORIC ACID URINE CONTAINERS - (RED)			
Paediatric BORIC ACID CONTAINERS – (RED)			
STOOL CONTAINERS (BLUE) with spoon			
SPUTUM CONTAINERS			
CONTAINER FOR INFERTILITY OR POST VASECTOMY SAMPLES			
SKIN SCRAPING/FUNGAL KITS			
<b>FORMS/BAGS</b>			
TRANSFUSION – Blood Grouping - PURPLE <span style="float:right"><i>Each</i></span>			
ANTENATAL <b>BOOKING</b> REQUEST FORMS <span style="float:right"><i>(Pack of 50)</i></span>			
ANTENATAL REQUEST FORMS <span style="float:right"><i>(Pack of 50)</i></span>			
ICE REQUEST FORMS <span style="float:right"><i>(Pack of 250)</i></span>			
ICE SPECIMEN POUCHES – <b>Urgent samples</b> (Red) <span style="float:right"><i>(Pack of 100)</i></span>			
ICE SPECIMEN POUCHES – <b>INR samples</b> (Yellow) <span style="float:right"><i>(Pack of 100)</i></span>			
ICE SPECIMEN POUCHES – <b>Blood Sciences</b> (GREEN) <span style="float:right"><i>(Pack of 100)</i></span>			
ICE SPECIMEN POUCHES – <b>Microbiology</b> (BLUE) <span style="float:right"><i>(Pack of 100)</i></span>			
ICE SPECIMEN POUCHES – <b>Histology</b> (WHITE) <span style="float:right"><i>(Pack of 100)</i></span>			
COURIER TRANSPORT BAGS – <b>Blood Sciences</b> (GREEN) <span style="float:right"><i>Each</i></span>			
COURIER TRANSPORT BAGS – <b>Microbiology</b> (BLUE) <span style="float:right"><i>Each</i></span>			
COURIER TRANSPORT BAGS – <b>Histology</b> (WHITE) <span style="float:right"><i>Each</i></span>			
<b>MISCELLANEOUS ITEMS</b>			
GLUTOLE – For Glucose Tolerance Test			
HISTOLOGY BIOPSY POTS (with Formalin)			
<i>Other items e.g. 24 hour urines - contact Pathology</i>			
<i>Other items e.g. heparin vacutainers please state</i>			

**NB:** CytoRich® Preservative Fluid Pots, Forms and Transport Bags for Cervical Cytology testing should be obtained from the Cytology Department, RVI, Newcastle.

<b>Signed</b> <small>(Ordered by)</small>	<b>Order assembled by</b> <small>(Lab use only)</small>	<b>Date</b>
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**PLEASE SIGN THIS FORM ON RECEIPT OF ORDER AND RETURN TO PATHOLOGY**

<b>SUPPLIES RECEIVED AND CHECKED BY</b>	<b>DATE</b>
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