

Additional Test Request Form

Date:			
Time:			
Hospital Number:			
Patients Name:			
Ward/Surgery:			
Medic's Bleep Number:			
Specimen Number:			
Lab Section:			
Call taken by:			
Test(s) Requested:			
If D-Dimer please include risk score			
FOR LAB USE ONLY			
Investigation(s) added (Tick when complete)			
Check in AMS			
Sufficient sample? (tick when complete)	Yes		No
Added to APEX (tick when complete)			