Eastern Pathology Alliance		Title : Add-On Investigations Request Form	Page 1 of 1	
Dept/Site :EPA Blood Sciences		Doc Ref: EWG-D-008	Author: G. Marley	
Revision: 1	Issued: 27/01/2023	Authorised by: N. Roberts	Review interval: 1 Year	

## **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	Yes				No		
when complete)							
Added to APEX (tick when complete)							