

Eastern Pathology Alliance		Title : Add-On Investigations Request Form	Page 1 of 1
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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 when complete)	Yes	No	
Added to APEX (tick when complete)			