



**HAVE YOU LABELLED THE SPECIMEN CORRECTLY?**  
**PRESS FIRMLY ON EACH END**  
**TO ENSURE A LEAKPROOF**  
**SPECIMEN CARRIER**

**CLINICAL CHEMISTRY**



## CLINICAL CHEMISTRY REQUEST FORM, SHEFFIELD CHILDREN'S N.H.S. FOUNDATION TRUST

<b>Lab Number</b>  Western Bank, Sheffield S10 2TH Tel: 0114 271 7000	Please affix patient label here otherwise complete.		
<b>REQUESTS WITH NO WARD, CONSULTANT OR NHS NUMBER DETAILS COMPLETED MAY NOT BE PROCESSED</b>			
<b>Investigations Required</b> (in order of priority)	<b>Hospital Number</b>	<b>NHS Number</b>	<b>Patient Category Please ✓</b>
	Surname (Block capitals)	Forename(s)	
	Address or Postcode		Private
<b>Specimen Type</b>	<b>Date of Birth</b>	<b>Sex</b>	<b>Hospital</b>
			Category 2
<b>Date of Collection</b>	<b>Time of Collection</b>	<b>Ward / Dept.</b>	<b>Consultant / G.P.</b> (Full name or initials & surname)
			Research
<b>Sample Obtained by</b> (print name)		<b>Bleep</b>	<b>Send Report to</b> (if different Ward/Dept. from above)
<b>Clinical Details</b> Full and appropriate clinical details including circumstances that may increase the risk of infection e.g. relevant travel history must be included. Underlying Disorder:-  Current Clinical Details:-		<b>For Laboratory Use Only</b>	
Please tick this box if patients/parents <b>have an objection</b> to non-research use of any left over samples (see information leaflet)		<input type="checkbox"/>	
<b>Requesting Clinician</b> (Block capitals)	<b>Bleep Number</b>		
<b>Signature</b>			

- Warnings**
1. All fields must be legibly completed
  2. Any person making a request on this form takes on the responsibilities under section 7 of the Health & Safety at Work Act (1974). Details of this are given in the Laboratory Handbook.

## DETAILS OF LABORATORY SERVICES, SAMPLE REQUIREMENTS AND TRANSPORT ARRANGEMENTS CAN BE FOUND IN THE LABORATORY HANDBOOK

A copy is available through the quick links section of the Trust intranet or the Pathology section of the Trust website.

### GENERAL ENQUIRIES AND RESULTS

Clinical Chemistry	271 7305
Haematology	271 7221
Histopathology	271 7264
Microbiology/Virology (STH)	271 4777
Immunology (STH)	271 5552

### SAMPLE LABELLING

Please label all specimens clearly, giving the patients full name, date of birth, NHS / Hospital / A&E Number and Biopsy site (Histopath only)

### URGENT REQUESTS

Must be arranged with the laboratory by telephone or if out-of hours via the on-call BMS (Clinical Chemistry and Haematology) or the Consultant Histopathologist.

Urgent samples must be clearly identified as such on the front of this form.

### HEALTH AND SAFETY PRECAUTIONS

**HIGH RISK SPECIMENS:** Category 3 risk specimens are especially hazardous and must be identified as such with yellow category 3 labels on specimen container and request form.

If there is a specimen breakage and spillage, isolate the area to prevent access and contact a senior member of staff in the nearest clinical or laboratory area.

If you have an accident involving contamination with a specimen, contact a senior member of staff in the nearest clinical or laboratory area.

# BAG

PLACE LABELLED SPECIMEN IN BAG  
REMOVE PROTECTIVE STRIP, FOLD TOP ON TO BAG AND SEAL.  
TO OPEN: HOLD FORM IN LEFT HAND & PULL BAG TO THE RIGHT