


# Laboratory Form Essentials\*

**SHADED AREAS ARE MANDATORY** (Failure to complete may result in the request being rejected – Board of Clinical Governance) P0011FXS

 Waikato District Health Board Te Hanga Whaioranga Mā Te Iwi – Building Healthy Communities Waikato DHB Laboratories Ph 07 839 8606 Fax 07 839 8759 IANZ Registered Laboratory	FAMILY NAME	LOCATION	NHI NUMBER	<b>COLLECTION DETAILS</b>			
	FIRST NAMES			Time	Date		
	SEX M / F	D.O.B		Collector			
	RESponsible DR/TEAM	COPY TO		Employee ID	Received		
<b>BLOOD</b>		<b>OTHER</b>					
<b>BIOCHEMISTRY</b>		<b>HAEMATOLOGY</b>		<b>MICROBIOLOGY / VIROLOGY / MOLECULAR BIOLOGY</b>			
<input type="checkbox"/> Renal profile <input type="checkbox"/> Liver profile <input type="checkbox"/> Urea <input type="checkbox"/> Lipase <input type="checkbox"/> Calcium <input type="checkbox"/> TSH <input type="checkbox"/> Phosphate <input type="checkbox"/> FT4 <input type="checkbox"/> Magnesium <input type="checkbox"/> Folate <input type="checkbox"/> Troponin - T <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> CRP <input type="checkbox"/> Ferritin <input type="checkbox"/> Glucose (Grey)		<input type="checkbox"/> CBC <b>COAGULATION</b> <input type="checkbox"/> Coagulation screen <input type="checkbox"/> Warfarin monitoring (INR) <input type="checkbox"/> Heparin monitoring (APTT) <b>IMMUNO/VIROLOGY</b> <input type="checkbox"/> Electrophoresis <input type="checkbox"/> Immunoglobulins <input type="checkbox"/> Coeliac serology <input type="checkbox"/> ANA <input type="checkbox"/> Hep B status <input type="checkbox"/> HIV <input type="checkbox"/> Hep C		<b>Urine</b> <input type="checkbox"/> Midstream <input type="checkbox"/> Catheter <input type="checkbox"/> Paediatric bag <input type="checkbox"/> Early morning (TB only) <b>Test(s)</b> <input type="checkbox"/> MC/S <input type="checkbox"/> Other .....		<b>Specimen type</b> <b>Site(s)</b> <input type="checkbox"/> Swab <input type="checkbox"/> Fluid/Aspirate ..... <input type="checkbox"/> Tissue ..... <input type="checkbox"/> Blood culture <input type="checkbox"/> Faeces <input type="checkbox"/> Sputum <input type="checkbox"/> Other ..... <input type="checkbox"/> CSF <b>Test(s)</b> <input type="checkbox"/> MC/S <input type="checkbox"/> C.Difficile <input type="checkbox"/> MRSA <input type="checkbox"/> TB	
<b>BLOOD GASES</b> (Syringe)							
<input type="checkbox"/> Arterial <input type="checkbox"/> FiO <sub>2</sub> ..... <input type="checkbox"/> Venous <input type="checkbox"/> Temp .....							
<b>URINE</b>		<b>OTHER TESTS</b>		<b>AUTHORISER</b>			
<input type="checkbox"/> Random <input type="checkbox"/> Na/K <input type="checkbox"/> 24hr <input type="checkbox"/> Urea <input type="checkbox"/> Creatinine <input type="checkbox"/> Protein				Name: Designation: Signature: Date: Mobile / pager:			
		<b>CLINICAL DETAILS / MEDICATION / ANTIBIOTICS</b>					
ORDER OF DRAW: <input type="checkbox"/> Blood culture, <input type="checkbox"/> Light blue, <input type="checkbox"/> Yellow, <input type="checkbox"/> Gold, <input type="checkbox"/> Red, <input type="checkbox"/> Light green, <input type="checkbox"/> Green, <input type="checkbox"/> QTB, <input type="checkbox"/> Purple, <input type="checkbox"/> Pink, <input type="checkbox"/> Dark blue, <input type="checkbox"/> Grey, <input type="checkbox"/> Black 06/16JB							

Three unique identifiers:

- NHI number
- Family name and first given name in full
- Date of birth

Time and date of collection

Legible name and ID of person who collected the sample

Correct destination for Laboratory report (ward/clinic)

Additional destinations for report - Full name and location (or registration number)

Consultants name

Specimen type and site for anything that is not venous blood

Legible information on extra tests required

Relevant clinical details and medications

Legible name, signature, date and contact details of the person who ordered the tests

## STANDARDS:

- All samples must be labelled in the presence of the patient and must reflect the patients details.
- Ensure the patient details, the sample type, the labelling on the sample and the information on the request form are correct and match.
- For the safety of the patients and staff, samples that do not meet laboratory labelling requirements will not be processed unless exemptions apply.
- Where request forms do not meet minimum requirements, samples will not be processed until the missing information is completed by the appropriate person within two hours of collection.

\* Applies to Waikato DHB Laboratories. NZBS (Blood Bank) have additional requirements.

Reference: Waikato DHB Policy; Labelling Requirements for Laboratory Samples and Forms

Date: June 2016

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