

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

Health Waikato Laboratories Ph 8398606 Fax 8398759 IANZ Registered Laboratory	FAMILY NAME	LOCATION	NHI NUMBER	COLLECTION DETAILS	
	FIRST NAMES			Time:	Date:
EMERGENCY DEPARTMENT HYPOGLYCAEMIA PROFILE	SEX M/F	D.O.B		Collector:	
	REPORT TO (Dr/Team)	COPY TO		Received	
<b>BLOOD</b>	<b>LABORATORY INSTRUCTIONS</b>			<b>COLLECTOR INSTRUCTIONS</b>	
<input type="checkbox"/> Hypoglycaemia profile <input type="checkbox"/> Blood Gas (+ Lact) <input type="checkbox"/> Ammonia (purple) <input type="checkbox"/> Free fatty acids (purple) <input type="checkbox"/> Ketones (green) <input type="checkbox"/> Cortisol (green) <input type="checkbox"/> Insulin (green) <input type="checkbox"/> Growth hormone (green) <input type="checkbox"/> Plasma amino acids (green) <input type="checkbox"/> Glucose (green) Carnitine (Guthrie card - Separate request form)	Registration codes BG NH4 FFA OHB CORT INSUL + GLU HGH PAA <b>Plasma amino acids</b> <i>Centrifuge heparin tube and freeze plasma at -70°C immediately</i>			Order of draw and minimum volume: Blood gas 0.3 ml Collect the following tubes (microtainers): 1. Heparin (green) x 2 (both full) 2. EDTA (purple) x 2 (1 full, 1 half full)  <b>SEND ALL TUBES TO THE LABORATORY IMMEDIATELY ON ICE</b>	
<b>LABORATORY USE ONLY</b>	<b>CLINICAL DETAILS / MEDICATION / ANTIBIOTICS</b>			<b>AUTHORISER (Do NOT send reports)</b>	
Error				Name:	
<input type="checkbox"/> KIMMS Code.....				Designation:	
<input type="checkbox"/> Notified <input type="checkbox"/> Sign.....				Signature:	
Triage Register Date:				Date:	
				Mobile/Pager:	

ORDER OF DRAW:  Blood culture,  Light blue,  Yellow,  Red,  Green,  Purple,  Dark Blue,  Pink,  Grey

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<b>BLOOD</b>	<b>COLLECTOR INSTRUCTIONS</b>				
<input type="checkbox"/> Carnitine (Guthrie card)	ALLOW BLOOD SPOTS TO AIR DRY COMPLETELY BEFORE PLACING INTO PLASTIC BIOHAZARD BAG  <b>2 Spots sufficient</b>				
<b>LABORATORY USE ONLY</b>	<b>CLINICAL DETAILS / MEDICATION / ANTIBIOTICS</b>			<b>AUTHORISER (Do NOT send reports)</b>	
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				Mobile/Pager:	