SHADED AREAS ARE MAN Health Waikato Laboratories	FAMILY NAME		NHI NUMBE	COLLECTION DETAILS
Ph 8398606 Fax 8398759				Time: Date:
IANZ Registered Laboratory	FIRST NAMES			Collector:
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EMERGENCY DEPARTMENT HYPOGLYCAEMIA PROFILE	REPORT TO (Dr/Team)	COPYTO:		Received
	THE ONLY OF TO.			
BLOOD	LABORATORY INST	RUCTIONS		ECTOR INSTRUCTIONS
☐ Hypoglycaemia profile	Registration codes			r of draw and minimum volume:
☐ Blood Gas (+ Lact)	BG NH4			d gas 0.3 ml ct the following tubes (microtainers):
 □ Ammonia (purple) □ Free fatty acids (purple) 	FFA			leparin (green) x 2 (both full)
☐ Ketones (green)	OHB			DTA (purple) x 2 (1 full, 1 half full)
☐ Cortisol (green)	CORT			
□ Insulin (green)	INSUL + GLU			
☐ Growth hormone (green)	HGH PAA <i>Plasma ar</i>	mino acids		
☐ Plasma amino acids(green) ☐ Glucose (green)		nnno acius heparin tube and fre	eeze	
Carnitine (Guthrie card -	_	-70 ℃ immediately		ALL TUBES TO THE LABORATORY
Separate request form)			IMME	DIATELY ON ICE
LABORATORY USE ONLY	CLINICAL DETAILS /	MEDICATION / AN	ITIBIOTICS	AUTHORISER (Do NOT send reports)
Error				Name:
				Designation:
□ KIMMS Code	•			Signature:
				Date:
□ Notified □ Sign	-			
Triano I Ronistor I Dato:				Mobile/Pager:
Triage Register Date:				
ORDER OF DRAW: BIG				Purple, Dark Blue, Pink, Grey
ORDER OF DRAW: BIG		o complete may res		nest being rejected – Clinical Board of Governan COLLECTION DETAILS
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