



CHAIN HAEMATOLOGY AND CLINICAL CHEMISTRY REQUEST FORM

Participant ID (Affix Barcode label here)	[5] [0] [0] [0] [1] [] [] []		
Sex (Tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth	__ / __ / ____ <i>D D / M M / Y Y Y Y</i>	Participant Initials	_____
Sample Collection date	__ / __ / ____ <i>D D / M M / Y Y Y Y</i>	Time of collection	__:__:__ <i>24H Clock</i>

Part A: Requisition form
(To be filled by the Clinician)

Admission <input type="checkbox"/>	Discharge <input type="checkbox"/>	Day 45 <input type="checkbox"/>	Day 90 <input type="checkbox"/>	Day 180 <input type="checkbox"/>	Readmit <input type="checkbox"/>	Deteriorate <input type="checkbox"/>	Community <input type="checkbox"/>
Sample Type	<input type="checkbox"/> EDTA 0.5 ml	<input type="checkbox"/> PLASMA	<input type="checkbox"/> SERUM		<input type="checkbox"/> BLOOD GAS <input type="checkbox"/> Venous <input type="checkbox"/> Capillary		
Collected by (Initials)	_____	Delivered by (Initials)	_____	Received by (Initials)	_____		
Date Received	__ / __ / ____ <i>D D / M M / Y Y Y Y</i>						

Tests Required (To be filled by the Clinician)

<input type="checkbox"/> Complete blood count and differential (CBC)
<input type="checkbox"/> Clinical Chemistry <ul style="list-style-type: none"> • Calcium, • Magnesium, • Albumin, • Bilirubin (Total) • Phosphate (Both Alkaline and Inorganic required) • ALT • Sodium, Potassium, Urea and Creatinine (UEC)

Part B: Tracking Form
(To be filled by the Lab)

Sample	Specimen Number	Sample Status				
EDTA		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Haemolysed	<input type="checkbox"/> Insufficient	<input type="checkbox"/> Clotted	<input type="checkbox"/> Missing
PLASMA /SERUM		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Haemolysed	<input type="checkbox"/> Insufficient		<input type="checkbox"/> Missing
GAS		<input type="checkbox"/> Acceptable	<input type="checkbox"/> Haemolysed	<input type="checkbox"/> Insufficient	<input type="checkbox"/> Clotted	<input type="checkbox"/> Missing
Confirmed by(Initials)		_____				

*Inform the lab manager/project coordinator if a sample is missing



LAB RESULTS										
CBC Results <i>(Staple result-printouts to this form or write results here)</i>										
<i>Differentials must be actual values, not percentages</i>										
Date of processing		___/___/_____ <i>DD/MM/YYYY</i>			Time of processing				___:___ <i>24H Clock</i>	
Test	Haemoglobin	RBC	WBC	Neutrophils	Lymphocytes	Monocytes	Eosinophils	Basophils	Platelets	
Results	___	___	___	___	___	___	___	___	___	
Medical Technologist Initials										

CLINICAL CHEMISTRY RESULTS											
<i>(Staple result-printouts to this form or write results here)</i>											
Date of processing		___/___/_____ <i>DD/MM/YYYY</i>				Time of processing				___:___ <i>24H Clock</i>	
Na	K	Ca	Mg	Urea	Creatinine	Albumin	Bilirubin (Total)	ALT	Inorganic Phosphate	Alkaline Phosphate	
___	___	___	___	___	___	___	___	___	___	___	
Medical Technologist Initials											

* leave blank if missing or the results are stapled

BLOOD GAS RESULTS							
<i>(Staple results printout to this form or write results here)</i>							
Date of processing		___/___/_____ <i>DD/MM/YYYY</i>			Time of processing		___:___ <i>24H Clock</i>
Test	pH	PO ₂	PCO ₂	Bicarb	Chloride	Lactate	
Results	___	___	___	___	___	___	
Medical Technologist Initials							

* leave blank if missing or the results are stapled

*Units may vary from site to site, so please provide units as per your machine. Provide actual machine values

Results Review				
REVIEWED by	<i>Signed</i>	<i>Initials</i>	Date	___/___/_____ <i>DD/MM/YYYY</i>
	_____	_____		