



PLACE SAMPLES THAT NEED TO GO TO THE LAB HERE

BARNET • CHASE FARM • EDGWARE

Royal Free London **NHS**
NHS Foundation Trust

Requestor Name DR NICK DATTANI		Requestor Code G9442609		NHS Number	
Surgery Name Millway Medical Centre E830 1E		Surname Emis		Forename Test	
Tests HbA1c[GHB] Liver Profile[M3] Renal Profile (U&E + GFR)[M12]		Sex Male		DOB 05/07/1941	
*** HANDWRITTEN TESTS WILL NOT BE ACCEPTED ***		Patient Address Emis House 21 Mead Road Edgware HA8 2ET			
Request Date 26/01/22		Patients Tel No.		Tel No.	
Sample Date		Collected By (Signature)		Clinical Details test sample	



BOOK ONLINE FOR BARNET, CHASE FARM & EDGWARE
www.royalfree.nhs.uk/bloodtests
 Appointment Booking (020 8276 1471)
 *** BY APPOINTMENT ONLY ***
 *** Barnet Hospital ***
 Monday - Friday 8.00am - 4.45pm
 Chase Farm Hospital ***
 Monday, Tuesday, Wednesday 8.00 am - 7.30 pm
 Thursday 8.00 am - 8.30 pm
 Friday 8.00 am - 4.00 pm
 *** Edgware Community Hospital ***
 Monday - Friday 8.00am - 4.45 pm
 *** Finchley Memorial Hospital ***
<http://www.royalfree.nhs.uk/bloodtests>
 Appointment Booking (7-11am) 020 8948 7460
 Monday - Friday 7.00am - 3.00pm (last booking 1.45pm)
 *** BY APPOINTMENT ONLY ***
 Cheesbunt Community Hospital*
 Monday - Friday 8.00 am - 5.30 pm
 Appointment Booking 0200 103 7171 option 4
 Childrens Blood Tests
 Children under 11 years REQUIRE an appointment
 Book on-line at: www.royalfree.nhs.uk/bloodtests
 Chase Farm Ground Floor Zone B
 Barnet Childrens Outpatients (Level 2)
 Edgware Hospital Childrens Outpatients - Zone A
 Fasting Blood Test
 Patients must fast for 12 hours prior to test i.e. no food or drink
 - only plain water is allowed
 Glucose Tolerance tests require an appointment on all sites
 All Results will be sent back to the requesting Doctor. Laboratory staff
 are not permitted to give results to patients or relatives.

Emis, Test
05071941 M
BLOOD (EDTA MAUVE)
CHEM
BLOOD (EDTA MAUVE) CHEM
Emis, Test
05071941 M
BLOOD (SST YELLOW)
CHEM
BLOOD (SST YELLOW) CHEM
Emis, Test
05071941 M

Ensure that this label is placed onto the sample bottle otherwise the sample will be rejected by the lab. The form must be placed with the bottle.



****DO NOT DROP SAMPLES AFTER 1PM****
(PLEASE SEE RECEPTION FOR QUERIES)

PLACE SAMPLES THAT ARE TO BE CHECKED IN-HOUSE



IN-HOUSE URINE DIPSTICK FORM

Patient Name: Mr Test Emis
Date: 26-Jan-2022

DOB: 05-Jul-1941
Postcode: HA8 2ET

Emis: 501143

Reason for Test:

- Infection**
- Protein**
- Glucose**
- Pregnancy**
- Blood**

Requesting Clinician:
 DATTANI, Nick (Dr)

Send for MSU after dipstick

Ensure that your name and DOB is written on the sample bottle and that this form accompanies the bottle

Results (Staff Only - Please circle)

Glucose	Neg	Trace	+	++	+++
Protein	Neg	Trace	+	++	+++
Blood	Neg	Trace	+	++	+++
Leucocytes	Neg	Trace	+	++	+++
Nitrites		Neg		Positive	
Pregnancy		Neg		Positive	

ACTION TAKEN:

Signed: **Print Name:** **Date:**

URINE BOTTLES



NOT FOR SAMPLES



****DO NOT DROP SAMPLES AFTER 2PM****
(PLEASE SEE RECEPTION FOR QUERIES)