REFERRAL FOR G6PD SCREEN / ASSAY



Laboratory Haematology

Autolab, CSB2 Manchester Royal Infirmary Oxford Road, Manchester M13 9WL

Please send 1 x fresh EDTA patient sample (1ml min volume) along with a <u>normal sample</u> to act as a <u>travel control</u> (must be anonymised and clearly labelled as travel control)

Tel. No.: 0161 276 4	1689/4030			
		Patient De	mographics	
First Name:			Surname:	
D.O.B:			Male / Female :	
NHS Number:			Hospital Number:	
Your Lab. Number			Date Specimen Collected:	
Test Required:	G6 Screen	G6 Assay	males where the screen app	d for all females and for any pears reduced
To comply with BSH Guidelines (2020) the following Parameter Pat		Patient result	Your Reference Range	Travel control
Hb (g/L)		Patient result	Tour Reference Range	Traver Control
110 (g/1	-)			
WBC (10 ⁹)				
Retics (#)				
MCH (pg)				
RBC (10 ¹²)				
Platelets (10 ⁹)				
	·			
Blood Transfusion in the last 3 months?			Yes No	
	1	Sender	Details	
Department:				
Address:				
Contact Number:				
Contact Name:				
	1			
Comments (clinica	l details/family	history):		
Signature:			Date Sent:	