

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 **Travel control**.

Travel control = EDTA sample (1ml minimum volume) anonymised & clearly labelled as travel control. Must be suspected to have normal G6PD activity & collected under similar circumstances to the patient sample (FBC & Reticulocytes must be normal)

NB: Samples that do not arrive with a travel control will not be processed

Tel. No.: 0161 276 4030

Patient Demographics	
First Name:	Surname:
D.O.B:	Male / Female :
NHS Number:	Hospital Number:
Your Lab. Number	Date Specimen Collected:

Test Required: G6 Screen ☐ G6 Assay ☐ N.B assay will be performed for all females and for any males where the screen appears reduced

To comply with BSH Guidelines (2020) the following information is required

Parameter	Patient result	Your Reference Range	Travel control
Hb (g/L)			
WBC (10 ⁹)			
Retics (#)			
MCH (pg)			
RBC (10 ¹²)			
Platelets (10 ⁹)			

Blood Transfusion in the last 3 months?	☐ Yes ☐ No
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Sender Details	
Department:	
Address:	
Contact Number:	
Contact Name:	

Comments (clinical details/family history):

Signature:

Date Sent: