

REFERRAL FOR G6PD ASSAY (G6PR1J)

Blood Sciences
 Block 31, Chancellor Wing
 SJUH
 Beckett Street
 Leeds
 LS9 7TF
 Tel: 0113 206 4905

Sample Requirements

Please send 1 x Fresh EDTA **patient** sample (3ml minimum volume) along with a travel control.

Travel control = ANONYMISED EDTA (1ml minimum volume) sample clearly labelled as travel control. This sample must be suspected to have normal G6PD activity and collected under similar circumstances to the test sample [FBC & Reticulocytes must be normal].

Patient Details	
First Name:	Surname:
D.O.B:	Male/Female:
NHS number:	Hospital Number:
Referral Lab number:	Date specimen collected:

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

Parameter	Patient Result	Travel control result	Your reference range
Hb (g/L)			
WBC (10^9)			
Retics (%)			
MCH (pg)			
RBC (10^{12})			
Platelets (10^9)			

Has the patient had a blood transfusion in the last 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Sender details	
Department:	
Address:	
Contact Number:	
Contact Name:	

Comments (clinical details/Family history):

Form completed by:..... Date sent:.....