

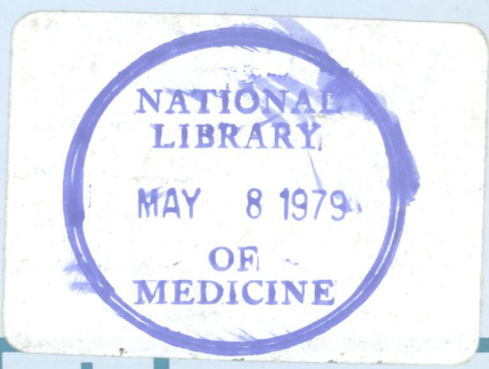
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University Hospital
CLINICAL
BIOCHEMISTRY

PRIORITY TEST REQUEST

1. LIST the PRIORITY TESTS you require, in DECREASING order of PRIORITY.
2. INDICATE the SPECIFIC TIME by which you must have the PRIORITY TESTS reported.
3. If necessary, give the NAME and TELEPHONE NUMBER to contact when the result is available.
4. ATTACH this FORM to the BIOCHEMISTRY REQUISITION.
5. This request will be processed ROUTINELY if the above information is not provided, or the tests requested are not listed in AVAILABLE TESTS below.

SPECIMEN: BLOOD <input type="checkbox"/>	TIME & DATE: Hour Day Mo Yr	DO NOT USE
URINE <input type="checkbox"/>		
OTHER (specify) <input type="checkbox"/>		

CLINICAL INFORMATION

RESULTS TO BE TELEPHONED TO: (Name) _____ TELEPHONE NUMBER: _____

TEST (in decreasing order of priority)	AFTER RECEIPT BY LAB. RESULT REQUIRED BY:				
	15 min	1h	2h	3h	Today
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AVAILABLE PRIORITY TESTS: SERUM/PLASMA Na ⁺ , K ⁺ , Cl ⁻ , bicarb BUN, creatinine glucose, osmolality, Ca ⁺⁺ , Mg ⁺⁺ amylase, CK, PT barbiturates (total) salicylate, ethanol, lithium	URINE Microscopy Stix Tests (glucose, protein, ketones, Hb, bilirubin, urobilinogen) - order STIX Na ⁺ , K ⁺ , osmolality, amylase C.S.F. glucose, protein
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#401 0990 0(660/2/78) Rev.

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TELEPHONE RESULTS

1. Do NOT use this side for PRIORITY TESTS.
2. List the TEST RESULTS with the TIMES (note constraints) you require them by.
3. If necessary, give the NAME and TELEPHONE NUMBER to contact.
4. ATTACH this FORM to the BIOCHEMISTRY REQUISITION.
5. Use only ONE side of this form - PRIORITY and TELEPHONE RESULTS can be put on the PRIORITY TEST form provided time constraints are observed.

SPECIMEN: BLOOD <input type="checkbox"/>	TIME & DATE: Hour Day Mo Yr	DO NOT USE
URINE <input type="checkbox"/>		
OTHER (specify) <input type="checkbox"/>		

CLINICAL INFORMATION

RESULTS TO BE TELEPHONED TO: (Name) _____ TELEPHONE NUMBER: _____

TEST	AFTER RECEIPT BY LAB. RESULT REQUIRED BY:				
	15 min	1h	2h	3h	Today
1.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DO NOT USE

#401 0990 0(660/2/78) Rev.

(Left) The priority test request form. Each form is 14 x 22 cm and they are made up in pads of 50. The rules for use are now tightly enforced although during the introduction of the system they were not. (Right) The telephone results form. The form is printed on the back of the priority test request form. See Figs 1 and 2, page 98.

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