

## Blood tube types for indicated tests

Colour code refers to vacuum tubes

PROFILES – see pink pages pg 29

Urgent (circle tests required urgently)

Phone

Fax

LAB USE ONLY

Canterbury Health Laboratories will rely on the requestor to obtain informed consent for the requested tests, and any additional related tests, to be performed by the laboratory.

BIOCHEMISTRY		<input type="checkbox"/> Fasting	
<b>BIOCHEM</b>	<input type="checkbox"/> βHCG (pregnancy)	<input type="checkbox"/> BIL	
<input type="checkbox"/> Na, K <input type="checkbox"/> Cl	<input type="checkbox"/> βHCG (tumour)	<input type="checkbox"/> CBIL	
<input type="checkbox"/> CRN	<input type="checkbox"/> PSA	<input type="checkbox"/> ALP	
<input type="checkbox"/> UREA	<input type="checkbox"/> AFP	<input type="checkbox"/> AST	
<input type="checkbox"/> URAT	<input type="checkbox"/> Ca	<input type="checkbox"/> GGT	
<input type="checkbox"/> GLU	<input type="checkbox"/> PO <sub>4</sub>	<input type="checkbox"/> ALT	
<input type="checkbox"/> LIPS	<input type="checkbox"/> Alb	<input type="checkbox"/> CK	
<input type="checkbox"/> Ferritin	<input type="checkbox"/> Mg	<input type="checkbox"/> TNI	
<input type="checkbox"/> Iron studies	<input type="checkbox"/> AMS	<input type="checkbox"/> Lithium	
<input type="checkbox"/> Protein Profile	<input type="checkbox"/> Cortisol	<input type="checkbox"/> LD	
<input type="checkbox"/> Immunoglobulins	<input type="checkbox"/> CRP	<input type="checkbox"/> TSH	
<input type="checkbox"/> HbA1c	<input type="checkbox"/> LD		
<b>BIOCHEM URINE</b>	<input type="checkbox"/> Random	<input type="checkbox"/> 24 hour	
<input type="checkbox"/> UNA, UK	<input type="checkbox"/> UCRN	<input type="checkbox"/> UOSM	
<input type="checkbox"/> UPRO	<input type="checkbox"/> UURE	<input type="checkbox"/> MALB	
<b>BLOOD GAS</b>	O <sub>2</sub> therapy: _____ %		
<input type="checkbox"/> Arterial	<input type="checkbox"/> Venous		
<input type="checkbox"/> Blood Gas	<input type="checkbox"/> Co-oximetry		
<input type="checkbox"/> Blood Gas + Electrolytes			

HAEMATOLOGY	
<input type="checkbox"/> CBCD (+DIFF)	<input type="checkbox"/> Retic
<input type="checkbox"/> CBCF (+DIFF+FILM)	<input type="checkbox"/> Infect. Mono
Patient on anticoagulants: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> INR	<input type="checkbox"/> D-Dimer
<input type="checkbox"/> APTT	<input type="checkbox"/> 1 Coag Screen
<input type="checkbox"/> 4 Thrombophilia screen	<input type="checkbox"/> 1 DIC screen
<input type="checkbox"/> 3 Lupus anticoagulant	<input type="checkbox"/> 3 vWF studies
<input type="checkbox"/> 2 Haemoglobinopathy / thalassaemia screen	
<input type="checkbox"/> 2 Surface makers	<input type="checkbox"/> EPO
<input type="checkbox"/> B12/Folate (VIT)	<input type="checkbox"/> Red Cell Folate (RFOL)
IMMUNOHAEMATOLOGY	
(For cross match / group & hold use NZBS form)	
<input type="checkbox"/> Blood group (ABO, Rh)	
<input type="checkbox"/> Direct Coombs test	
<input type="checkbox"/> RBC Antibodies	
Known RBC Antibodies	

MICROBIOLOGY		
<b>MICRO URINE</b>	<b>Specify Sample Type</b>	
<input type="checkbox"/> Midstream	<input type="checkbox"/> Catheter	
<input type="checkbox"/> Bladder puncture	<input type="checkbox"/> Bag <input type="checkbox"/> Other	
<b>Test Req'd</b>		
<input type="checkbox"/> Micro/Culture	<input type="checkbox"/> Dipstick	
<input type="checkbox"/> CSF	<input type="checkbox"/> BLOOD CULTURE	
<input type="checkbox"/> SPUTUM	} Site: Test:	
<input type="checkbox"/> SWAB		
<input type="checkbox"/> ASPIRATE		
<input type="checkbox"/> TISSUE		
SEROLOGY *		
<input type="checkbox"/> HIV	<input type="checkbox"/> Syphilis	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Leptospira	<input type="checkbox"/> Resp Virus	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Streptococcal	<input type="checkbox"/> Toxoplasma	<input type="checkbox"/> Hepatitis C
<input type="checkbox"/> Rubella		
*Duration of illness in days <input type="text"/>		

IMMUNOLOGY	
<input type="checkbox"/> ANA	<input type="checkbox"/> Cliadin Abs
<input type="checkbox"/> Tissue Abs	<input type="checkbox"/> EMA
<input type="checkbox"/> ANCA Screen	<input type="checkbox"/> Rheum Factor
<input type="checkbox"/> PR3/MPO	<input type="checkbox"/> Complement
<input type="checkbox"/> DNA Abs	<input type="checkbox"/> CCP
<input type="checkbox"/> ENA Abs	<input type="checkbox"/> Cardiolipin Abs
<input type="checkbox"/> HLA - B27	<input type="checkbox"/> IgE (total)
<input type="checkbox"/> Myositis Ab	<input type="checkbox"/> Skin Ab
<input type="checkbox"/> Thyroid Ab (Thy)	
VIROLOGY	
Specimen:	
Test:	
TOXICOLOGY	
<input type="checkbox"/> Carbamazepine	<input type="checkbox"/> Gentamicin
<input type="checkbox"/> Phenobarbitone	<input type="checkbox"/> Tobramycin
<input type="checkbox"/> Phenytoin	<input type="checkbox"/> Vancomycin
<input type="checkbox"/> Valproic Acid	<input type="checkbox"/> Theophylline
<input type="checkbox"/> Cyclosporin	<input type="checkbox"/> Tacrolimus
<input type="checkbox"/> Digoxin (Dig)	<input type="checkbox"/> Lithium (Li)
Dose	
Dose time	Dose date
Dose duration	(in mins.) if IV
Dose interval	

Collection Order:  Citrate  Plain  Heparin  EDTA mauve  EDTA pink  Sodium Fluoride

For Full testing information please visit [www.bloodtest.co.nz](http://www.bloodtest.co.nz)

Please don't hesitate to call us, we're here to help **0800 THE LAB** (0800 843 522) 24 hours a day!

For specific Enquiries please refer to the table below

<b>Department/Lab</b>	<b>Contact Information</b>	<b>Routine Staffing hours</b>
Ashburton Laboratory	PH: 03 307 8456	Mon-Fri 0700 - 1700
<b><u>BIOCHEMISTRY DEPARTMENTS</u></b>		
Biochemistry Core Lab	PH: 03 364 0376	24 hours
Immunology	PH: 03 364 0414	Mon-Fri 0800 – 1700
Molecular Pathology	PH: 03 364 0548	Mon-Fri 0800 - 1700
Protein Lab	PH: 03 364 0334	Mon-Fri 0800 - 1700
Specialist Biochem	PH: 03 364 0332	Mon-Fri 0800 - 1700
Steroid & Immunobiochemistry	PH: 03 364 0888	Mon-Fri 0800 - 1700
Toxicology/Workplace Drug Testing	PH: 03 364 0322	Mon-Fri 0800 - 1700
Endolab	PH: 03 364 0848	Mon-Fri 0800 - 1700
Blood Collection/Phlebotomy	PH: 03 364 0300	Mon-Fri 0730 – 1700, phone for Saturday hours
<b><u>HAEMATOLOGY DEPARTMENTS</u></b>		
Haematology Core Lab	PH: 03 364 0373	24 hours
Coagulation	PH: 03 364 0374	24 hours
Specialist Haematology	PH: 03 364 0375	Mon-Fri 0800 – 1700
Surface Markers	PH: 03 364 0917	Mon-Fri 0800 - 1700
Cytogenetics	PH: 03 364 0881	Mon-Fri 0800 - 1700
Histology/Cytology	PH: 03 364 0580	Mon-Fri 0800 – 1730
<b><u>MICROBIOLOGY DEPARTMENTS</u></b>		
Microbiology Enquiries	PH: 03 364 0350	24 hours
Serology/Virology	PH: 03 364 0416	Mon-Fri 0800 - 1700
Results – LABLINE	0800 THE LAB, option 2	24 hours
Supplies, orders	Email <a href="mailto:labinfo@cdhb.govt.nz">labinfo@cdhb.govt.nz</a>	Mon-Fri 0800 - 1700