

Biolab Medical Unit

The Stone House, 9 Weymouth Street, London W1W 6DB, UK

Telephone: (+44) 020-7636 5959 / 5905 Fax: (+44) 020-7580-3910

E-mail: info@biolab.co.uk Internet: www.biolab.co.uk

Pathology Request Form

(Please complete fully)

Patient Details	Referring clinician
Title Mr / Mrs / Master / Miss / Other _____	Name:
Forenames:	Address:
Surname:	Telephone:
Date of birth ____/____/____	Fax:
Sex: M / F Pregnant? No / Yes Weeks ____	E-mail:
Address:	Your reference:
Mobile telephone:	GP's name and address:
Home telephone:	Last Biolab reference: ____/____/____
E-mail:	
<i>For non-medical referrals please include practitioner <u>AND</u> general practitioner's details</i>	
Alcohol: Yes / No	Smoking: Yes / No
Nutritional supplements: Yes / No	Medications: Yes / No
Clinical details and medications:	
ACCOUNT TO: <input type="checkbox"/> CLINICIAN <input type="checkbox"/> PATIENT (Patients are required to settle their account at the time of testing)	
For postal samples please include a cheque or complete debit/credit card details below, or contact us for details on-line payments (test fees available on request):	
Cardholder's name (as it appears on the card): _____	
Card number: _____	Expiry date: _____ CCV (_____) (3 digits from reverse of card)
Signature: _____ Thank you.	
Appointment date and time:	

Tests Referred to External Laboratories:

The Doctor's Laboratory & The London Clinic

- Haematology profile (FBC) with ESR
- Biochemistry profile
- Haematology and Biochemistry profile
- Hormones and Thyroid Profile (serum)
- Lipid profile (14 hour fast)
- Thyroid function test 1 (FT4 and TSH)
- Thyroid function test 2 (FT4, TSH & thyroid antibodies)
- Free T3
- Thyroid antibodies
- Auto antibody screen
- B12 "Active" (serum) - holotranscobalamin
- B12 "Active" & folate (RBC) screen
- Ferritin
- Folate (red cells)
- Helicobacter pylori breath test
- Total IgE
- Immunoglobulins (A,G,M)
- Coeliac/gluten sensitivity antibody profile

Others (please list):

Great Plains Laboratory

- Food Sensitivity Profile [IgG] (serum)
- Food Sensitivity Profile [IgG] (Finger-prick kit) (both the above include 94 foods + candida albicans)
- Organic Acids Profile (EMU*)
- Microbial Organic Acids Profile (EMU*)
- Gluten/Casien Peptides (EMU*)
- Phospholipase A2 Activity - PLA2 (EMU*)
- Toxic Organic Chemicals Exposure Screen (EMU*)

* EMU - Early morning urine specimen

Doctor's Data (stool tests etc)

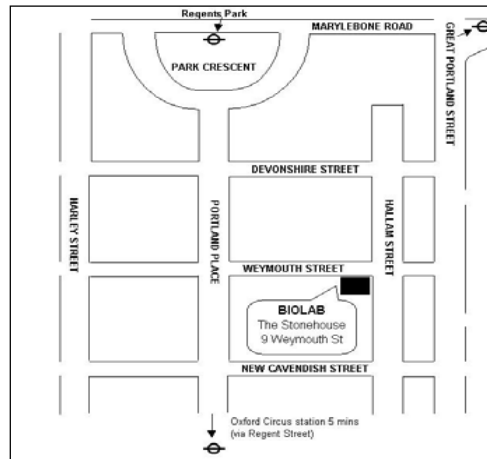
- Comprehensive Stool Analysis with Parasitology (2 samples) [CSAP2]
- Comprehensive Parasitology (2 samples) [CP2]
- Stool Microbiology & Sensitivity
- Methylation Profile (frozen plasma)

Meridian Valley Laboratory

- Hormones - Comprehensive (24hr urine)
- Hormones - Comprehensive PLUS [includes thyroid] (24hr urine)
- Sex Hormone Profile (24hr urine)
- Adrenal Profile (24hr urine)
- Salivary profile (AM cortisol & sex hormones)
- Salivary profile (4 x cortisol & sex hormones)

ZRT Laboratories

- Saliva Adrenal Profile (4 x cortisol & DHEA)



Please telephone for an appointment & let us know if you have any special requirements.

Our nurses are available Monday - Thursday 9:30am - 5pm and Friday 9:30am - 2:00pm

All laboratory reports are returned to the referring clinician for interpretation.

Patients are requested to settle their accounts at the time of appointment

MEDICAL DIRECTOR:

Dr Stephen Davies MA BM BCh FAcN

LABORATORY DIRECTOR:

Dr Nicholas Miller MA MSc PhD MCB FRCPath

Sample date & time:	Patient name:	
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Trace and toxic metals <input type="checkbox"/> Hair analysis - (please complete a yellow Hair Analysis request form) * <input type="checkbox"/> Plasma element profile (Ca, Cr, Cu, Fe, Mg, Mn, Se, Zn & red cell Mg) <input type="checkbox"/> Blood toxic elements screen (16 elements) <input type="checkbox"/> Blood toxic metals - Industrial (Pb, Mn, Cd) <input type="checkbox"/> 6 hour urine toxic elements screen (18 elements) (urine volume = _____ ml) <input type="checkbox"/> Osteoporosis urine mineral screen (Ca, Mg, P, Zn) <input type="checkbox"/> Post arthroplasty blood toxic metal profile (Cr, Co, Mn, Mo) <input type="checkbox"/> DMSA mercury provocation test (pre-arrange with laboratory). <input type="checkbox"/> Water toxic element profile (13 elements) Please tick boxes for individual tests (<input type="checkbox"/> not available)	Samples collected by: _____ <input type="checkbox"/> SST (gold) <input type="checkbox"/> Trace element EDTA (navy) <input type="checkbox"/> Heparin (green) <input type="checkbox"/> EDTA (lavender) <input type="checkbox"/> Fluoride oxalate (grey) <input type="checkbox"/> Urine (MSU) <input type="checkbox"/> 6/24hr urine kit supplied <input type="checkbox"/> Stool kit supplied Other (please specify): _____
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	Ca	Mg	P	Na	K	Fe	TIBC	Co	Cu	Zn	Cr	Mn	Mo	Se	Ni	I	Pb	Hg	Cd	Al	As	
* Plasma																						
Red Cells																						
Whole Blood																						
Urine (msu)																						
24hr urine (vol = _____ ml)																						

Vitamins * Profiles <input type="checkbox"/> Vitamin profile (A, C, E, carotenes, B ₁ , B ₂ , B ₆) <input type="checkbox"/> Fat soluble vitamin profile (A, E, carotenes) <input type="checkbox"/> Functional blood B vitamins (B ₁ , B ₂ , B ₆) <input type="checkbox"/> Vitamin B12 (active B12) and methylmalonic acid <input type="checkbox"/> Vitamin D profile (25-hydroxy vitamin D2 and D3) <input type="checkbox"/> Vitamin E profile (alpha, delta & gamma tocopherol) <input type="checkbox"/> Vitamin K1 and PIVKA	* Direct measurements <input type="checkbox"/> Vitamin A (serum) <input type="checkbox"/> Beta carotene (serum) <input type="checkbox"/> Vitamin C (serum) <input type="checkbox"/> Vitamin E (serum) - alpha & gamma tocopherol <input type="checkbox"/> Lycopene (serum) <input type="checkbox"/> Lutein (serum) <input type="checkbox"/> Beta-cryptoxanthin <input type="checkbox"/> Coenzyme Q ₁₀ (serum)	Functional tests <input type="checkbox"/> B ₁ <input type="checkbox"/> B ₂ <input type="checkbox"/> B ₆ <input type="checkbox"/> B ₃ (niacin) <input type="checkbox"/> Biotin
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Profiles <input type="checkbox"/> Amino acids (24 hour urine volume = _____ ml) * <input type="checkbox"/> Antioxidant profile <input type="checkbox"/> Fatty acids profile (red cells) <input type="checkbox"/> Gut permeability profile (6 hour urine volume= _____ ml) * <input type="checkbox"/> Health risk profile (3hr fast & no nutritional supplements for 24hrs) * <input type="checkbox"/> Health risk profile - Extended (3hr fast & no nutritional supplements for 24hrs) * <input type="checkbox"/> Osteoporosis screen	Allergy Screens (IgE) <input type="checkbox"/> Food panel (20 foods) <input type="checkbox"/> Inhalant panel (30 inhalants) <input type="checkbox"/> Total IgE
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Other tests <input type="checkbox"/> Albumin <input type="checkbox"/> Antioxidant activity (total & nutritional) <input type="checkbox"/> Bile acids (total) <input type="checkbox"/> C-Reactive protein <input type="checkbox"/> Caeruloplasmin <input type="checkbox"/> Creatinine (urine) <input type="checkbox"/> D-Lactate <input type="checkbox"/> Fluoride (urine / water sample) <input type="checkbox"/> Glucose (fasting? Yes / No) <input type="checkbox"/> Glutathione (RBC) <input type="checkbox"/> Glutathione peroxidase (RBC & plasma) <input type="checkbox"/> Glutathione reductase (RBC) <input type="checkbox"/> Glycocolated haemoglobin (HbA1c)	<input type="checkbox"/> Haemoglobin <input type="checkbox"/> Histamine (plasma) <input type="checkbox"/> Histamine (urine) <input type="checkbox"/> Homocysteine <input type="checkbox"/> Iodine (urine) <input type="checkbox"/> Iodine/creatinine ratio (urine) <input type="checkbox"/> Indican (urine) <input type="checkbox"/> Kryptopyrroles (urine - protect from light) <input type="checkbox"/> Paraoxonase <input type="checkbox"/> Superoxide dismutase <input type="checkbox"/> Sulphite (urine) <input type="checkbox"/> Tartrate-resistant acid phosphatase <input type="checkbox"/> Urinalysis	Challenge tests <input type="checkbox"/> Copper response test <input type="checkbox"/> D-xylose (5 hr urine volume= _____ ml) <input type="checkbox"/> 2½ hour glucose (overnight fast) <input type="checkbox"/> 5 hour glucose (overnight fast) <input type="checkbox"/> 2½ hour lactose (overnight fast) <input type="checkbox"/> 1½ hour zinc (overnight fast) <input type="checkbox"/> 3 hour zinc (overnight fast)
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Tests requiring a special appointment Breath hydrogen & methane tests (14 hour fast): <input type="checkbox"/> Standard test for small intestinal bacterial overgrowth [SIBO] (3 hours) <input type="checkbox"/> Lactose intolerance (3 hours) <input type="checkbox"/> Fructose intolerance (3 hours)	Other Biolab tests - please specify: <input type="checkbox"/> PTO for investigations referred to external laboratories
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Key: * Patients are advised not to take nutritional supplements for 24 hours before tests