| IMMUNOLOGY - R | IE LAI | BORATORY CONTAC | T NUMBER: 013 | 1 242 7529 / 27525 |
|---|---------|--|------------------------------------|----------------------|
| AFFIX PRINTED PATIENT LABEL * Den CHI NUMBER (INCLUDES DOB) * SURNAME * FORENAME * | | Return report to: GP Practice | | LAB USE ONLY Barcode |
| SEX* M POST (circle) F CODE | PRIVATE | В | leep/Tel | Received |
| Date collected / / Time collected : (24hr) | | Please use Serum Gel onal tests are requested p | lease provide relevar | |
| SUSPECTED DIAGNOSES | >> | RECO | MMENDED TESTS | |
| Rheumatoid arthritis Subclinical hypothyroidism Pernicious anaemia Autoimmune liver disease Connective tissue disease | >> | inti-CCP Thyroid peroxidase antibody Intrinsic factor antibody Inti-mitochondrial antibody INA | Gastric parietal c Anti-smooth mus | - |
| ☐ Other | | <u>Clinical details</u> | | |

| AFFIX PRINTED PATIENT LABEL * Denotes Mandatory Data Set AFFIX PRINTED LOCATION LABEL | | | | | LAB | USE ONLY | |
|---|----------------------|---------|--|------------|--|----------|--|
| CHI Number (includes DoB) * Surname * Return report to: GP Practice | | | | | Barcode | Barcode | |
| | | | GP / Nurse | ********** | ********* | | |
| SEX* M Post (circle) F CODE | | PRIVATE | Bi | eep/Tel | Received | | |
| SPECIMEN DETAILS Date collected / / Time collected : (24hr) | ** If a | | Please use Serum Gel T | | · | ails ** | |
| SUSPECTED DIAGNOSES | s >> | | RECO | MMENDED TE | STS | | |
| Rheumatoid arthritis Subclinical hypothyroidism Pernicious anaemia Autoimmune liver disease Connective tissue disease | >> >> >> >> | ☐ Th | nti-CCP nyroid peroxidase antibody trinsic factor antibody nti-mitochondrial antibody NA | | arietal cell antibody oth muscle antibody | ☐ ANA | |
| ☐ Other | | | Clinical details | | | | |