

<p>AFFIX PRINTED PATIENT LABEL * Denotes Mandatory Data Set</p> <p>CHI NUMBER (INCLUDES DoB <input type="checkbox"/>)*</p> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table> <p>SURNAME *</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>FORENAME *</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>SEX* M F POST CODE PRIVATE</p> <table style="width:100%;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table>																									<p>AFFIX PRINTED LOCATION LABEL</p> <p>Return report to:</p> <p>GP Practice</p> <p>.....</p> <p>GP / Nurse</p> <p>..... Bleep/Tel</p>	<p style="text-align: center;">LAB USE ONLY</p> <p>Barcode</p> <p>Received</p>

SPECIMEN DETAILS	Please use Serum Gel Tubes for patient specimens
Date collected / /	** If additional tests are requested please provide relevant clinical details **
Time collected : (24hr)	

SUSPECTED DIAGNOSES >>	RECOMMENDED TESTS
<p>Rheumatoid arthritis >> <input type="checkbox"/></p> <p>Subclinical hypothyroidism >> <input type="checkbox"/></p> <p>Pernicious anaemia >> <input type="checkbox"/></p> <p>Autoimmune liver disease >> <input type="checkbox"/></p> <p>Connective tissue disease >> <input type="checkbox"/></p> <p><input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Anti-CCP</p> <p><input type="checkbox"/> Thyroid peroxidase antibody</p> <p><input type="checkbox"/> Intrinsic factor antibody <input type="checkbox"/> Gastric parietal cell antibody</p> <p><input type="checkbox"/> Anti-mitochondrial antibody <input type="checkbox"/> Anti-smooth muscle antibody <input type="checkbox"/> ANA</p> <p><input type="checkbox"/> ANA</p> <p><u>Clinical details</u></p>

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