

Requisition Form

St Mary's



Lab Number: 99-LA-22-0529539

Printed: 17/02/2022 15:50

Patient Name: **ZZZPHOENIX, GOLDEN**



MRN: 30102128

DOB: 01/01/1970

Sex: Female

NHS Number:

Location:

Ordered by: Mahmood, Adil

Consultant: Pooled, Consultant

Patient type: **Direct Referral**

Address: 10 West, Charing Cross Hospital
LONDON W6 8RF

Phone Number: 0203311760

Requested test/s: Group and screen, blood (Group and screen, blood)

Order Comments:

Hand write the specimen label. Labelled samples will NOT be accepted. Please print a requisition for this order (See specimen Collection or R click on the order if the sample has been marked as Collected)

Clinical Details:	Pre-op
Bleep/Telephone Number:	9237
Specimen Type:	Blood
Collection Priority:	Routine
Collection Date/Time:	17/02/22 15:48
Sample Collected?:	Yes
Previous Transfusion History:	No
Previous Atypical Antibodies:	None
Alternative label printer:	RYJCAMSAMMFEL1
Research Y/N:	No

Blood Transfusion Specific Section

Patient identified and Bled by

Print Name: _____

Signature: _____

Collection Date: _____

Collection Time: _____