

TESTS REFERRED TO EXTERNAL LABORATORIES

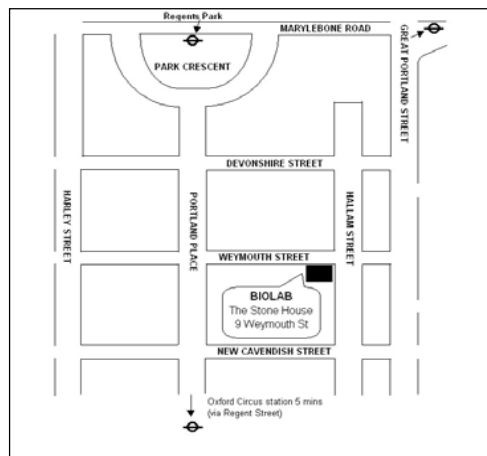
The London Clinic

- | | |
|--|---|
| <input type="checkbox"/> Haematology profile (FBC) with ESR | <input type="checkbox"/> Auto antibody screen (tissue antibodies) |
| <input type="checkbox"/> Biochemistry profile | <input type="checkbox"/> B12 & folate screen |
| <input type="checkbox"/> Haematology and biochemistry profile | <input type="checkbox"/> B12 (serum) |
| <input type="checkbox"/> Lipid profile (14 hour fast) | <input type="checkbox"/> DHEA sulphate |
| <input type="checkbox"/> Thyroid function test 1 (FT4 and TSH) | <input type="checkbox"/> Ferritin |
| <input type="checkbox"/> Thyroid function test 2 (FT4, TSH & thyroid antibodies) | <input type="checkbox"/> Folate (red cells) |
| <input type="checkbox"/> Free T3 | <input type="checkbox"/> Helicobacter pylori antibodies |
| | <input type="checkbox"/> Total IgE |
| | <input type="checkbox"/> Immunoglobulins (A,G,M) |

The Doctor's Laboratory

- Coeliac profile (gliadin IgA & IgG, endomyseal IgA, reticulin IgA and tissue transglutaminase IgA)

Others (please specify):



Please telephone for an appointment

Nurses available Monday - Thursday 9:30am - 5pm and Friday 9:30am - 2:00pm

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

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

Patient Details	Referring clinician
Title Mr / Mrs / Master / Miss / Other _____	Name:
Forenames:	Address:
Surname:	
Date of birth ____/____/____	Telephone:
Sex: M / F Pregnant? No / Yes Weeks ____	Fax:
Address:	E-mail:
	Your reference:
	GP's name and address:
Telephone:	
E-mail:	Last Biolab reference: ____/____/____
<i>For non-medical referrals please include practitioner AND 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 (prices 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:	

MEDICAL DIRECTOR:

Dr Stephen Davies MA BM BCh FACN

LABORATORY DIRECTOR:

Dr Nicholas Miller MA MSc PhD MCB FRCPath

Sample date & time:	Name:	
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Trace and toxic metals

- Hair analysis - (please complete a yellow Hair Analysis request form)
- * Plasma element profile (Ca, Cr, Cu, Fe, Mg, Mn, Se, Zn & red cell Mg)
- Blood toxic metals (Pb, Mn, Cd)
- Blood toxic elements screen (15 elements)
- 6 hour urine toxic elements screen (18 elements) (6 hour urine volume = _____ ml)
- Osteoporosis urine mineral screen (Ca, Mg, P, Zn)
- Post arthroplasty blood toxic metal profile (Cr, Co, Mn, Mo)
- DMSA mercury provocation test (pre-arrange with laboratory).
- Water toxic element profile (13 elements)

Please tick boxes for individual tests (not available)

	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

- | | | |
|---|--|---|
| <p>* Profiles</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vitamin profile (A, C, E, carotenes, B₁, B₂, B₆) <input type="checkbox"/> Fat soluble vitamin profile (A, E, carotenes) <input type="checkbox"/> Functional blood B vitamins (B₁, B₂, B₆) <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 | <p>* Direct measurements</p> <ul style="list-style-type: none"> <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 Q₁₀ (serum) | <p>Functional tests</p> <ul style="list-style-type: none"> <input type="checkbox"/> B₁ <input type="checkbox"/> B₂ <input type="checkbox"/> B₆ <input type="checkbox"/> B₃ (niacin) <input type="checkbox"/> Biotin |
|---|--|---|

Profiles

- Amino acids (24 hour urine volume = _____ ml)
- * Antioxidant profile
- Essential fatty acids (red cells)
- Gut fermentation (3 hour fast & no alcohol for 24 hours before test)
- Gut permeability profile (6 hour urine volume=_____ ml)
- * Health risk profile (3hr fast & no nutritional supplements for 48hrs)
- * Health risk profile - Extended (3hr fast & no nutritional supplements for 48hrs)
- * Osteoporosis screen

Allergy Screens (IgE)

- Food panel
- Inhalant panel
- Universal panel
- Total IgE

Other tests

- | | |
|---|---|
| <ul style="list-style-type: none"> <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"/> 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"/> Haemoglobin | <ul style="list-style-type: none"> <input type="checkbox"/> HbA1c <input type="checkbox"/> Histamine <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"/> Paraaxonase <input type="checkbox"/> Superoxide dismutase <input type="checkbox"/> Sulphite (urine) <input type="checkbox"/> Tartrate-resistant acid phosphatase <input type="checkbox"/> Urinalysis |
|---|---|

Challenge tests

- Copper response test
- D-xylose (5 hr urine volume=_____ ml)
- 2½ hour glucose (overnight fast)
- 5 hour glucose (overnight fast)
- 2½ hour lactose (overnight fast)
- 1½ hour zinc (overnight fast)
- 3 hour zinc (overnight fast)
- Magnesium retention (1st 24 hour urine volume = _____ ml)
- (2nd 24 hour urine volume = _____ ml)

Tests requiring a special appointment

- Breath hydrogen & methane tests (14 hour fast):**
- Standard test for small intestinal bacterial overgrowth (3 hours)
 - Lactose intolerance (3 hours)
 - Fructose intolerance (3 hours)

Other Biolab tests - please specify:

PTO for investigations referred to external laboratories

Key: * *Patients are advised not to take nutritional supplements for 24 hours before tests*

Please send me: More of these forms Hair mineral analysis forms List of disease related test profiles