

TESTS REFERRED TO EXTERNAL LABORATORIES

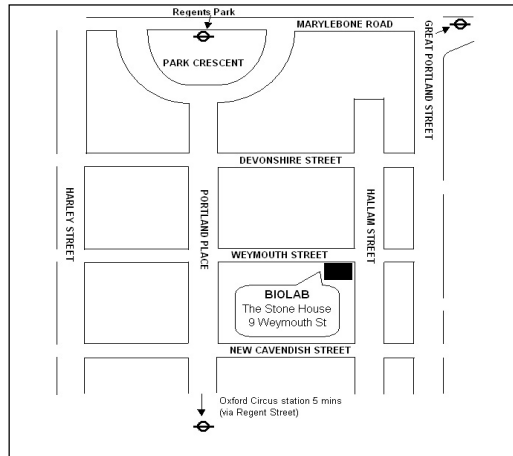
The London Clinic

- | | |
|---|---|
| <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 (serum) |
| <input type="checkbox"/> Haematology and biochemistry profile | <input type="checkbox"/> DHEA sulphate |
| <input type="checkbox"/> Lipid profile (14 hour fast) | <input type="checkbox"/> Ferritin |
| <input type="checkbox"/> Thyroid function test 1 (FT4 and TSH) | <input type="checkbox"/> Folate (red cells) |
| <input type="checkbox"/> Thyroid function test 2
(FT4, TSH & thyroid antibodies) | <input type="checkbox"/> Helicobacter pylori antibodies |
| <input type="checkbox"/> Free T3 | <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

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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 ____/____/____	
Sex: M / F Pregnant? No / Yes Weeks ____	
Address:	Telephone:
	Fax:
	E-mail:
	Your reference:
	GP's name and address:
Telephone:	
E-mail:	Last Biolab reference: ____/____/____
<i>In the event of a referral by a non-medical practitioner please include practitioner <u>AND</u> GP's details</i>	
ACCOUNT TO: <input type="checkbox"/> CLINICIAN <input type="checkbox"/> PATIENT (see below)	
Patients are requested to settle their account at the time of testing. For postal samples please include a cheque or your credit card details (card number, expiry date, 3 digit security code. For Switch cards the issue number and start date are also required):	
Receipt required? <input type="checkbox"/>	
Alcohol: Yes / No	Smoking: Yes / No
Nutritional supplements: Yes / No	Medications: Yes / No
Clinical details and medications:	
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:	Name:	
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Trace and toxic metals

- * Biolab profile (hair, sweat, plasma with red cell Mg and blood profiles - see details below)
 - Hair analysis - (please complete a yellow Hair Analysis request form)
- * Sweat mineral profile (Zn, Cu, Ni, Cr, Mn, Na, Mg, Pb, Cd, Al) with Hg (sweat test takes 1 hour)
- * Plasma element profile (Ca, Cr, Cu, Fe, Mg, Mn, Se, Zn & red cell Mg)
 - Red cell profile (Ca, Mg, K, Cu, Zn, Se)
 - Blood toxic metals (Pb, Mn, Cd)
 - Blood toxic elements screen (up to 36 elements)
 - 6 hour urine toxic elements screen (up to 36 elements) (6 hour urine volume = _____ ml)

Please tick boxes for individual tests (not available)

	Ca	Mg	P	Na	K	Fe	TIBC	Cu	Zn	Cr	Mn	Se	Ni	I	Pb	Hg	Cd	Al	As
* Plasma																			
Red Cells																			
White 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 D profile (vitamin D2 and D3) <input type="checkbox"/> Vitamin E profile (alpha, delta & gamma tocopherol) | <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) Short-chain polypeptides
- * Antioxidant profile (last appointment 3.45pm)
- Cholesterol (fractionated) esters (14 hour fast)
- Essential fatty acids (red cells) with absolute values
- * Essential fatty acids (plasma)
- 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)
- * Osteoporosis screen (requires 24 hr urine collection) Volume=_____ml

Allergy Screens (IgE)

- Food panel Total IgE (referred to the London Clinic)
- Inhalant panel
- Universal panel

Other tests

Challenge 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"/> Fragility (RBC) (last appointment 3.45pm) <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 or plasma) | <ul style="list-style-type: none"> <input type="checkbox"/> Haemoglobin <input type="checkbox"/> HbA1c <input type="checkbox"/> Histamine <input type="checkbox"/> Homocysteine <input type="checkbox"/> Indican (urine) <input type="checkbox"/> Kryptopyrroles (urine) (protect sample from light) <input type="checkbox"/> Paraoxonase <input type="checkbox"/> Superoxide dismutase <input type="checkbox"/> Sulphite (urine) <input type="checkbox"/> Urinalysis <input type="checkbox"/> Urinalysis with deposit | <ul style="list-style-type: none"> <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"/> Mercury chelation challenge using Biomer <input type="checkbox"/> 1½ hour zinc (overnight fast) <input type="checkbox"/> 3 hour zinc (overnight fast) <input type="checkbox"/> Magnesium retention <p>(1st 24 hour urine volume = _____ ml)</p> <p>(2nd 24 hour urine volume = _____ ml)</p> |
|--|---|--|

Tests requiring a special appointment

Other Biolab tests - please specify:

Breath hydrogen (& methane) tests (14 hour fast):

- Standard test (3 hours)
- Lactose intolerance (3 hours)
- Fructose intolerance (3 hours)

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