

**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<br>(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):**

# Biolab Medical Unit

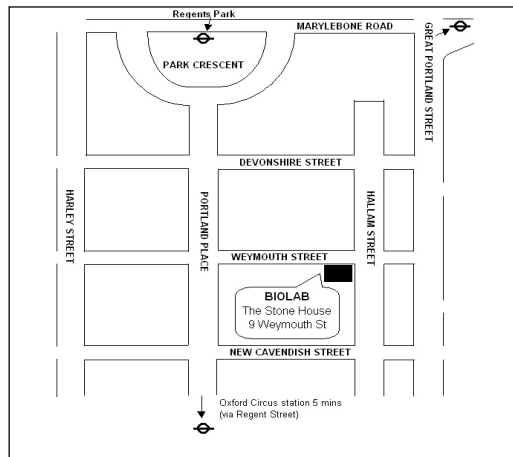
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## Pathology Request Form

Patient Details	Referring clinician
Title Mr / Mrs / Master / Miss / Other _____	Name:
Forenames:	Address:
Surname:	
Date of birth ____/____/____	
Sex: M / F Pregnant? No / Yes Weeks ____	Telephone:
Address:	Fax:
	E-mail:
	Your reference:
	GP's name and address:
Telephone:	Last Biolab reference: ____/____/____
E-mail:	
<i>In the event of a referral by a non-medical practitioner please include practitioner <u>AND</u> GP's details</i>	
<b>ACCOUNT TO:</b> <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
<b>Clinical details and medications:</b>	
<b>Appointment date and time:</b>	



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

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 (18 elements)
- 6 hour urine toxic elements screen (18 elements) (6 hour urine volume = \_\_\_\_\_ ml)

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																						
White Cells																						
Whole Blood																						
Urine (msu)																						
24hr urine (vol = _____ ml)																						

**Vitamins**

- |   |  |   |
|---|--|---|
| <p><b>* Profiles</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vitamin profile (A, C, E, carotenes, B<sub>1</sub>, B<sub>2</sub>, B<sub>6</sub>)</li> <li><input type="checkbox"/> Fat soluble vitamin profile (A, E, carotenes)</li> <li><input type="checkbox"/> Functional blood B vitamins (B<sub>1</sub>, B<sub>2</sub>, B<sub>6</sub>)</li> <li><input type="checkbox"/> Vitamin D profile (vitamin D2 and D3)</li> <li><input type="checkbox"/> Vitamin E profile (alpha, delta &amp; gamma tocopherol)</li> </ul> | <p><b>* Direct measurements</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vitamin A (serum)</li> <li><input type="checkbox"/> Beta carotene (serum)</li> <li><input type="checkbox"/> Vitamin C (serum)</li> <li><input type="checkbox"/> Vitamin E (serum) (alpha &amp; gamma tocopherol)</li> <li><input type="checkbox"/> Lycopene (serum)</li> <li><input type="checkbox"/> Lutein (serum)</li> <li><input type="checkbox"/> Beta-cryptoxanthin</li> <li><input type="checkbox"/> Coenzyme Q<sub>10</sub> (serum)</li> </ul> | <p><b>Functional tests</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> B<sub>1</sub></li> <li><input type="checkbox"/> B<sub>2</sub></li> <li><input type="checkbox"/> B<sub>6</sub></li> <li><input type="checkbox"/> B<sub>3</sub> (niacin)</li> <li><input type="checkbox"/> Biotin</li> </ul> |
|---|--|---|

**Profiles**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Amino acids (24 hour urine volume = _____ ml)</li> <li>* <input type="checkbox"/> Antioxidant profile (last appointment 3.45pm)</li> <li><input type="checkbox"/> Cholesterol (fractionated) esters (14 hour fast)</li> <li><input type="checkbox"/> Essential fatty acids (red cells) <input type="checkbox"/> with absolute values</li> <li>* <input type="checkbox"/> Essential fatty acids (plasma)</li> <li><input type="checkbox"/> Gut fermentation (3 hour fast &amp; no alcohol for 24 hours before test)</li> <li><input type="checkbox"/> Gut permeability profile (6 hour urine volume= _____ ml)</li> <li>* <input type="checkbox"/> Health risk profile (3hr fast &amp; no nutritional supplements for 48hrs)</li> <li>* <input type="checkbox"/> Osteoporosis screen (requires 24 hr urine collection) Volume= _____ ml</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Short-chain polypeptides</li> </ul> <p><b>Allergy Screens (IgE)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Food panel</li> <li><input type="checkbox"/> Inhalant panel</li> <li><input type="checkbox"/> Universal panel</li> <li><input type="checkbox"/> Total IgE (referred to the London Clinic)</li> </ul> |
|---|--|

**Other tests**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Albumin</li> <li><input type="checkbox"/> Antioxidant activity (total &amp; nutritional)</li> <li><input type="checkbox"/> Bile acids (total)</li> <li><input type="checkbox"/> C-Reactive protein</li> <li><input type="checkbox"/> Caeruloplasmin</li> <li><input type="checkbox"/> Creatinine (urine)</li> <li><input type="checkbox"/> D-Lactate</li> <li><input type="checkbox"/> Fragility (RBC) (last appointment 3.45pm)</li> <li><input type="checkbox"/> Glucose (fasting? Yes / No )</li> <li><input type="checkbox"/> Glutathione (RBC)</li> <li><input type="checkbox"/> Glutathione peroxidase (RBC &amp; plasma)</li> <li><input type="checkbox"/> Glutathione reductase (RBC or plasma)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Haemoglobin</li> <li><input type="checkbox"/> HbA1c</li> <li><input type="checkbox"/> Histamine</li> <li><input type="checkbox"/> Homocysteine</li> <li><input type="checkbox"/> Iodine/creatinine ratio (urine)</li> <li><input type="checkbox"/> Indican (urine)</li> <li><input type="checkbox"/> Kryptopyrroles (urine) (protect sample from light)</li> <li><input type="checkbox"/> Paraoxonase</li> <li><input type="checkbox"/> Superoxide dismutase</li> <li><input type="checkbox"/> Sulphite (urine)</li> <li><input type="checkbox"/> Urinalysis</li> </ul> | <p><b>Challenge tests</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copper response test</li> <li><input type="checkbox"/> D-xylose (5 hr urine volume= _____ ml)</li> <li><input type="checkbox"/> 2½ hour glucose (overnight fast)</li> <li><input type="checkbox"/> 5 hour glucose (overnight fast)</li> <li><input type="checkbox"/> 2½ hour lactose (overnight fast)</li> <li><input type="checkbox"/> Mercury chelation challenge using Biomer</li> <li><input type="checkbox"/> 1½ hour zinc (overnight fast)</li> <li><input type="checkbox"/> 3 hour zinc (overnight fast)</li> <li><input type="checkbox"/> Magnesium retention (1st 24 hour urine volume = _____ ml) (2nd 24 hour urine volume = _____ ml)</li> </ul> |
|--|---|--|

**Tests requiring a special appointment**

- Breath hydrogen (& methane) tests (14 hour fast):**
- Standard test (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