

Tests Referred to External Laboratories:

The Doctor's Laboratory & The London Clinic

- Haematology profile (FBC) includes ESR
- Biochemistry profile
- Haematology and Biochemistry profile
- Haematology, Biochemistry & Lipids
- Hormones and Thyroid Profile (serum)
- Lipid profile (14 hour fast)
- Thyroid function test 1 (FT4 and TSH)
- Thyroid function test 2 (FT4, TSH & thyroid antibodies)
- Thyroid Plus Profile (as above plus total T4, Free T3 and Reverse T3)
- Free T3
- Thyroid antibodies
- Auto antibody screen
- B12 "Active" (serum) - holotranscobalamin
- B12 "Active" & folate (RBC) screen
- Diamine Oxidase (histamine intolerance)
- Ferritin
- Folate (red cells)
- Helicobacter pylori breath test
- Total IgE
- Immunoglobulins (A,G,M)
- Coeliac/gluten sensitivity antibody profile

- Phospholipase A2 Activity - PLA2 (EMU)
- Toxic Organic Chemicals Exposure Screen (EMU)
- Glyphosate (EMU)

Doctor's Data

- Comprehensive Stool Analysis with Parasitology (2 samples) [CSAP2]
- As above with 3-day samples [CSAP3]
- Comprehensive Parasitology (2 samples) [CP2]
- As above with 3-day samples [CP3]
- Stool Chemistry
- Stool Microbiology (bacteria & yeasts only)
- Stool Secretory IgA
- DNA/RNA Oxidative Damage Assay (urine)
- Hepatic Detoxification Profile (EMU)
- Methylation Profile (frozen plasma)
- Neurobiogenic Profile - Comprehensive (urine)
- Neurobiogenic Profile - Basic (urine)
- Porphyrins Profile (urine)

Saliva Hormones

- Adrenal Stress Profile (4 x saliva cortisol & DHEA)
- Melatonin Profile (3 x evening & night saliva samples)
- Hormone Complete Plus (Saliva: 4 x cortisol, DHEA, oestrogens, progesterone & testosterone)

Precision Analytical Dried Urine ("DUTCH") Profiles

- COMPLETE' Hormone Screen (sex and adrenal hormone & metabolite levels)
- Adrenal Hormone Profile
- Sex Hormone Profile
- Hormone Cycle Mapping (oestradiol & progesterone over monthly cycle)

Great Plains Laboratory

- Food Sensitivity Profile [IgG] (serum)
- Food Sensitivity Profile [IgG] (blood spots) (both above include 94 foods + candida)
- Organic Acids Profile (EMU)*
- Microbial Organic Acids Profile (EMU)*
- Mycotoxins Profile (EMU)

Other tests - please list:

Please telephone for an appointment & let us know if you have any special requirements.

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

Nearest underground stations are Great Portland Street, Regents Park and Oxford Circus (all 5-10 mins from Biolab)

All laboratory reports are returned to the referring clinician for interpretation.

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

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Biolab Medical Unit

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Pathology Request Form

(Please complete fully)

Patient Details	Referring Clinician
Title Mr / Mrs / Ms / 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:
Mobile telephone:	
Home telephone:	
E-mail:	Previous Biolab reference: ____/____/____
<i>For non-medical referrals please include practitioner <u>AND</u> general practitioner's details</i>	
Alcohol: Yes / No	Smoking: Yes / No
Nutritional supplements: Yes / No	Medications: Yes / No
Clinical details and medications (optional):	
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, or pay by bank transfer quoting the patient name in full to: Biolab Ltd, Sort code: 50-30-25 (National Westminster Bank), Account no. 33404445.	
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:	

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MEDICAL DIRECTOR:
LABORATORY DIRECTOR:

Dr Stephen Davies MA BM BCh FAcN
Dr Nicholas Miller MA MSc PhD MCB FRCPath

Sample date & time:	Patient name:	Biolab reference:
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Trace and toxic metals

Hair Trace & Toxic Element analysis - (please complete a Hair Analysis request form)

* Plasma Element Profile with RBC Mg (Ca, Cr, Cu, Fe, Mg, Mn, Se, Zn & red cell Mg)

Iodine in hair

* Iodine in urine Iodine/creatinine ratio

Blood Toxic Elements Screen (16 elements)

Blood Toxic Metals - Industrial (Pb, Mn, Cd)

6 hour Urine Toxic Elements Screen (18 elements) (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)

Samples collected by: _____

SST (gold)

Trace element EDTA (navy)

Heparin (green)

EDTA (lavender)

Fluoride oxalate (grey)

Blood spot samples

Urine (MSU)

6/24hr urine kit supplied

Stool kit supplied

Other (please specify): _____

	Ca	Mg	P	Na	K	Fe	TIBC	Co	Cu	Zn	Cr	Mn	Mo	Se	Ni	I	Pb	Hg	Cd	Al	As
* Plasma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine (msu)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24hr urine (vol = _____ ml)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vitamins

* **Profiles**

Vitamin profile (A, C, E, carotenes, B₁, B₂, B₆)

Fat soluble vitamin profile (A, E, carotenes)

Blood B vitamins - functional (B₁, B₂, B₆)

B12 "Active" & folate (RBC) screen**

B12 (active B12) and methylmalonic acid**

Vitamin D profile (25-hydroxy vitamin D2 and D3)

Vitamin E profile (alpha, delta & gamma tocopherol)

Vitamin K1 and PIVKA**

* **Direct measurements**

Vitamin A (serum)

Beta carotene (serum)

Vitamin C (serum)

Vitamin E (serum) - alpha & gamma tocopherol

Lycopene (serum)

Lutein (serum)

Beta-cryptoxanthin

Coenzyme Q₁₀ (serum)

B12 "Active"***

Folate (red cells)**

Functional tests

B₁

B₂

B₆

B₃ (niacin)

Biotin

Profiles

Amino Acids Profile (24 hour urine volume = _____ ml)**

* Antioxidant Profile

Fatty Acids Profile (red cells)

Gut Permeability Profile (6 hour urine volume= _____ ml)

* Health Risk Profile (3hr fast & no nutritional supplements for 24hrs)

* Health Risk Profile - Extended (3hr fast & no nutritional supplements for 24hrs)

* Osteoporosis Screen

Allergy Screens (IgE)

Food Panel (20 foods)

Inhalant Panel (30 inhalants)

Total IgE**

Allergy Screens (IgG)**

Food Intolerance Profile (94 foods & candida) (serum/blood-spot)

Other tests

<input type="checkbox"/> Albumin	<input type="checkbox"/> Glutathione reductase (RBC)	<input type="checkbox"/> Tartrate-resistant acid phosphatase
<input type="checkbox"/> Antioxidant activity (total & nutritional)	<input type="checkbox"/> Glycosylated haemoglobin (HbA1c)	<input type="checkbox"/> Urinalysis
<input type="checkbox"/> Bile acids (total)	<input type="checkbox"/> Haemoglobin	
<input type="checkbox"/> C-Reactive protein	<input type="checkbox"/> Histamine (plasma)	Challenge tests
<input type="checkbox"/> Caeruloplasmin	<input type="checkbox"/> Histamine (urine)	<input type="checkbox"/> Copper response test
<input type="checkbox"/> Creatinine (urine)	<input type="checkbox"/> Homocysteine (2 - 3hrs post protein meal)	<input type="checkbox"/> D-xylose (5 hr urine volume= _____ ml)
<input type="checkbox"/> D-Lactate	<input type="checkbox"/> Indican (urine)	<input type="checkbox"/> 2½ hour glucose (overnight fast)
<input type="checkbox"/> Fluoride (urine / water - please circle)	<input type="checkbox"/> Kryptopyrroles (urine-protect from light)	<input type="checkbox"/> 5 hour glucose (overnight fast)
<input type="checkbox"/> Glucose (fasting? Yes / No)	<input type="checkbox"/> Paraoxonase	<input type="checkbox"/> 2½ hour lactose (overnight fast)
<input type="checkbox"/> Glutathione (RBC)	<input type="checkbox"/> Superoxide dismutase	<input type="checkbox"/> 1½ hour zinc (overnight fast)
<input type="checkbox"/> Glutathione peroxidase (RBC & plasma)	<input type="checkbox"/> Sulphite (urine)	<input type="checkbox"/> 3 hour zinc (overnight fast)

<p>Tests requiring a special appointment: (Home sampling test kits also available)</p> <p>Breath hydrogen & methane tests (14 hour fast):</p> <p><input type="checkbox"/> Small Intestinal Bacterial Overgrowth [SIBO] [SIBO] (3 hours)</p> <p><input type="checkbox"/> Lactose intolerance (3 hours)</p> <p><input type="checkbox"/> Fructose intolerance (3 hours)</p>	<p>Other Biolab tests - please specify:</p> <p style="text-align: center;"><input type="checkbox"/> PTO for investigations referred to external laboratories</p>
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Key: * Patients are advised not to take nutritional supplements for 24 hours before tests