LAGOS UNIVERSITY TEACHING HOSPITAL
PATHOLOGY CONSULTATION FORM
(HAEMATOLOGY)

Lab Use Only

Pathology No: ____________
Specimen Received:
Date: ____________
Time: ____________
Specimen Acceptable:
Yes ☐ No ☐

To: Consultant Haematologist

Referring Consultant: ____________ Phone No: ____________ Email: ____________

Patient Name: Mafande (Surname) Abisola (Other Names) Hospital No: ____________

Sex: F Age: 35 Ward/Clinic: ____________ Ethnicity: ____________

Address: ____________

Clinical Summary: A 35yr old P0+0 with ? ovarian clear cell carcinoma with ? 2° spread to the ovaries.

Specimen Type: Blood ☐ Urine ☐ Tissue Aspirate ☐

Bone Marrow Aspirates ☐ Bone marrow Biopsy ☐ Others(specify): Ca125.

Collection dates: ____________ Time: ____________

Tests Required (Place an X in the box beside the test)

General Haematology		**Coagulation**		**Serology**		**Other tests**	
PCV		Bleeding Time		HIV 1& 2 (Rapid)		**Stains**	
Hb		PT		HIV 1& 2 (ELISA)		Perl's Stain	
FBC		INR		HIV Confirmatory		Sudan Black	
Platelets		PTTK		HBs Ag (Rapid)		Myeloperoxidase	
Blood film Report		D-DIMER		Hbs Ag (ELISA)		Periodic Acid Schiff	
RETICS		Thrombin Time		HCV Ab (Rapid)		Alkaline Phosphatase	
ESR		VWF Antigen		HCV Ab (ELISA)		Esterase	
Hb Sickling/Solubility		Fibrinogen Assay		Syphilis (Rapid)		Heinz body/inclusion bodies	
Haemoglobin Phenotype		Factor VIII Assay		Syphilis (ELISA)		Acid elution (Kleihauer-Betke) Test	
Haemoglobin Fraction		Factor IX Assay		HBV Profile (HBsAg, HBsAb, HBeAg, HBeAb, HBcAb)		Urine Haemosiderin	
Osmotic Fragility Test		Other Coagulation Factor Assay				**Immunophenotype (Flow Cytometry)**	
G6PD Assay		Inhibitor Screening				ALL Profile	
Hams Test		Platelet Aggregation Studies				AML Profile	
Sucrose Lysis Test						CLL Profile	
						PNH Profile	

Other Request (Please Specify):

Requesting Doctor: ____________ (Name) ____________ (Signature) ____________ (Date)