Pathologists: M.Addidle, I.D. Beer, G.M. Corbett, R.J. Massey, S.J. May
H. Pullon, T.D. Sutton, M.C. Thorburn, J.A. Viggiano, M. Wickham
Bay of Plenty Ltd Ph 07-578 7073 Fax 07-571 1429 Freephone 0800 737 073
Waikato Ltd Ph 07-858 0795 Fax 07-858 0793

pathlab

NHI NUMBER | SURNAME | FIRST NAMES

D O B | SEX | ETHNICITY | PATIENT ADDRESS & PHONE

MIDWIFE

COPY TO

MC NUMBER | PIN/PAN

IANZ ACCREDITED LABORATORY

MIDWIFERY REQUEST FORM

ANTENATAL

Antenatal 1st
- ☐ CBC
- ☐ ABO Rhesus
- ☐ Antenatal antibodies
- ☐ Hep B antigen
- ☐ HIV
- ☐ Syphilis
- ☐ Rubella

Antenatal Subsequent
- ☐ CBC
- ☐ Antenatal antibodies

- ☐ Polycose Screen
- ☐ Polycose Tolerance*
- ☐ HCG
- ☐ HIV

HEMATOLOGY
- ☐ CBC
- ☐ Ferritin
- ☐ Red Cell Folate
- ☐ Coagulation*
- ☐ Neonatal Screen

BIOCHEMISTRY
- ☐ LFT
- ☐ Serum Billirubin
- ☐ Creatinine, eGFR
- ☐ Uric Acid
- ☐ 24 Hour Urine Protein
- ☐ Glucose
- ☐ HbA1C

MICROBIOLOGY
- ☐ Urine
  Type _____
- ☐ Chlamydia Urine
- ☐ Chlamydia Swab
- ☐ Swab
  Site _____
  Site _____
  Site _____
- ☐ Herpes
- ☐ Aspirates
  Site _____

IMMUNOLOGY
- ☐ Hep. B Antigen
- ☐ Hep. C Antibody
- ☐ Rubella IgM
- ☐ HIV
- ☐ Syphilis

CYTOLOGY
- ☐ Cervical Smear

*Requires Appointment

FOR LAB USE ONLY

SPECS	Taken	Received
Citrate		
SST		
EDTA 4ml		
EDTA 6ml		
Fluoride		
Other		
Urine		
Swab		
Collected by		
Depot		
Date		
Time		
Spec Rec	1	2

CLINICAL DETAILS:

LMP:

EDD:

Signature _____ Date ___/___/___

I certify that the tests requested are for an eligible person and meet the criteria for a subsidised service.

MWM 60818