

REQUEST FOR SAAS TRACE ELEMENTS TESTING

FORENAME		SURNAME		KING'S LAB NUMBER	
CLIENT CODE & UNIT NUMBER () _____		D.O.B	GENDER	INITIATING LAB NUMBER	
NAME & ADDRESS OF SENDER		Check/Tick Tests Required			
		<input type="checkbox"/> Aluminium (serum/plasma) <input type="checkbox"/> Arsenic (blood) <input type="checkbox"/> Arsenic (urine) <input type="checkbox"/> Cadmium (blood) <input type="checkbox"/> Cadmium (urine) <input type="checkbox"/> Chromium (blood) <input type="checkbox"/> Chromium (serum/plasma) <input type="checkbox"/> Chromium (urine) <input type="checkbox"/> Copper (serum/plasma) <input type="checkbox"/> Copper (urine; pre-pen) <input type="checkbox"/> Copper (urine;post-pen) <input type="checkbox"/> Copper/Caer (serum) <input type="checkbox"/> Iron (tissue) <input type="checkbox"/> Iron & Copper (tissue) <input type="checkbox"/> Iron (urine) <input type="checkbox"/> Lead (blood) <input type="checkbox"/> Lead (urine) <input type="checkbox"/> Manganese (blood) <input type="checkbox"/> Manganese (serum/plasma) <input type="checkbox"/> Mercury (blood) <input type="checkbox"/> Mercury (urine) <input type="checkbox"/> Nickel (serum/plasma) <input type="checkbox"/> Selenium (ser/plasma) <input type="checkbox"/> Zinc (serum) <input type="checkbox"/> Zinc (urine)			
		OTHER TESTS:			
		CLINICAL/TREATMENT INFORMATION			
SPECIMEN DATE	URINE TYPE	URINE VOLUME (L) (TIMES IF KNOWN)	SIGNATURE OF SENDER	CONTACT NUMBER	
	<input type="checkbox"/> 24 Hour <input type="checkbox"/> Random				

synnovis A SYNLAB pathology partnership		REQUEST FOR SAAS TRACE ELEMENTS TESTING			
FORENAME		SURNAME		KING'S LAB NUMBER	
CLIENT CODE & UNIT NUMBER () _____		D.O.B	GENDER	INITIATING LAB NUMBER	
NAME & ADDRESS OF SENDER		Check/Tick Tests Required			
		<input type="checkbox"/> Aluminium (serum/plasma) <input type="checkbox"/> Arsenic (blood) <input type="checkbox"/> Arsenic (urine) <input type="checkbox"/> Cadmium (blood) <input type="checkbox"/> Cadmium (urine) <input type="checkbox"/> Chromium (blood) <input type="checkbox"/> Chromium (serum/plasma) <input type="checkbox"/> Chromium (urine) <input type="checkbox"/> Copper (serum/plasma) <input type="checkbox"/> Copper (urine; pre-pen) <input type="checkbox"/> Copper (urine;post-pen) <input type="checkbox"/> Copper/Caer (serum) <input type="checkbox"/> Iron (tissue) <input type="checkbox"/> Iron & Copper (tissue) <input type="checkbox"/> Iron (urine) <input type="checkbox"/> Lead (blood) <input type="checkbox"/> Lead (urine) <input type="checkbox"/> Manganese (blood) <input type="checkbox"/> Manganese (serum/plasma) <input type="checkbox"/> Mercury (blood) <input type="checkbox"/> Mercury (urine) <input type="checkbox"/> Nickel (serum/plasma) <input type="checkbox"/> Selenium (ser/plasma) <input type="checkbox"/> Zinc (serum) <input type="checkbox"/> Zinc (urine)			
		OTHER TESTS:			
		CLINICAL/TREATMENT INFORMATION			
SPECIMEN DATE	URINE TYPE	URINE VOLUME (L) (TIMES IF KNOWN)	SIGNATURE OF SENDER	CONTACT NUMBER	
	<input type="checkbox"/> 24 Hour <input type="checkbox"/> Random				

