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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinicians - please print form, complete patient details, and send with TFT request.**  **Lab reception – please book in for Referred TFT** | | | | | | | | | | | | | | | **For use by Addenbrooke’s Hospital Lab only** | | |
| **Referring hospital and address for reports** | | | | | | | | **Patient details** | | | | | | | | | |
| Clinical Biochemistry & Immunology (SAS)  Royal Sussex County Hospital  Eastern Road  Brighton BN2 5BE  Contact telephone: 01273 696955 ext.63640 | | | | | | | | Surname:  First name:  DOB: Sex:  NHS number:  Hospital number: | | | | | | | | | |
| FOR UHSUSSEX LAB USE:  Referring hospital lab number:  Sample date: | | | | | | | | **Referring doctor** | | |  | | | | | | |
| **Signed** | | |  | | | | | | |
| **Previous referral for investigations of abnormal TFT?** If yes please give previous Addenbrooke’s Hospital Specimen number or date of previous sample, if known. | | | | | | | | | | | | | |  | | | |
| **Clinical details** (*e.g.* drugs (thyroid & others), current clinical details, brief medical history). Please attach further summary sheets if necessary. Also details of any previous interference studies performed. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Drugs** Delete as appropriate and provide details of the dose. | | | | | | | | | | | (Tick if no drug information available 🞎 ) | | | | | | |
| Thyroxine |  | | T3 | |  | | Amiodarone | | |  | | | Heparin | | | |  |
| Carbimazole |  | | Other drugs and dose  (please list) | | |  | | | | | | | | | | | |
| PTU |  | |
| **Referring laboratory results, including instruments and reference ranges.** Include results from other assays such as total T4, TPO, TRAb, SHBG, alpha subunit, and attach further summary sheets if necessary.  Please leave first column clear so lab can add latest results. | | | | | | | | | | | | | | | | | |
| Date | | *leave clear* | |  | | | | |  | | |  | | | | Reference range | |
| Instrument | | *leave clear* | |  | | | | |  | | |  | | | | Roche | |
| TSH | | *leave clear* | |  | | | | |  | | |  | | | | 0.3 - 4.2 mU/L | |
| Free T4 | | *leave clear* | |  | | | | |  | | |  | | | | 11.1 – 22.0 pmol/L | |
| Free T3 | | *leave clear* | |  | | | | |  | | |  | | | | 3.1 - 6.8 pmol/L | |
|  | |  | |  | | | | |  | | |  | | | |  | |
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| **Analysis required** If specific assays and work required please state, otherwise please leave blank and the work done will be based on the details and results provided. | | | | | | | | | | | | | | | | | |