

Glucose-6-Phosphate Dehydrogenase assay

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Patient details

Surname		Hospital number	
Forename		NHS number	
Date of birth		Laboratory number	
Sex	M F	Hospital	
		Contact number	

Has the patient received a red cell transfusion within the last 3 months? **yes** **no**

Date of sample	Collection time	Date sent
Sample requirements		
0.5 ml EDTA blood. If WBC > 20x10 ⁹ /l, volume required = 5ml The sample may be sent by 1st class post		
Please send a control sample from a normal patient bled on the same day.		
Clinical details		

Your reference	Your purchase order number
Address for return of results and invoice	

Please ensure all details are complete.
Results cannot be reported without a transfusion history.