

G6PD TEST REQUEST FORM

Patient Information

Name: _____ Date of Birth: _____
Sex: _____ Medical Record Number: _____
Address: _____
Phone: _____ Email: _____
Referring Physician: _____
Date: _____

Clinical Indication

- Newborn Screening
- Unexplained Anemia
- Medication Safety Assessment
- Preoperative Evaluation
- Suspected Hemolysis
- Family Member Evaluation
- Occupational Screening
- Travel to Endemic Region

Clinical Notes/Comments:

Sample Collection Information

- Date and Time of Sample Collection:
- Sample Type:
 - Whole Blood
 - Plasma
 - Other: _____

Laboratory Information

- Testing Laboratory:
- Address:
- Contact Information:
- Expected Turnaround Time:

Special Instructions (if any):

Physician's Signature:

Date:

For Laboratory Use

Received By:

Date:

Test Ordered:

G6PD Enzyme Activity Level

Test Date:

Time:

Results

- G6PD Activity:
- Interpretation:
- Signature of Laboratory Technician:

Additional Notes/Recommendations