G6PD TEST REQUEST FORM

Patient Information

Name: Sarah Johnson Date of Birth: 03/15/1998

Sex: Female Medical Record Number: 123456

Address: 123 Main Street, Anytown, USA

Phone: (555) 555-5555 Email: sarah@email.com

Referring Physician: Dr. John Smith

Date: 10/15/2023

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:

Sarah presents with persistent unexplained anemia, and a G6PD test is recommended to assess if G6PD deficiency is a contributing factor.

Sample Collection Information

- Date and Time of Sample Collection: 10/20/2023, 9:30 AM
- Sample Type:
  - ☑ Whole Blood
  - ☐ Plasma
  - ☐ Other: _____

Laboratory Information

- Testing Laboratory: ABC Diagnostics
- Address: 456 Lab Street, Labville, USA
- Contact Information: (123) 456-7890
- Expected Turnaround Time: 5 days

Special Instructions (if any): None

Physician's Signature: Dr. John Smith

Date: 10/15/2023

For Laboratory Use

Received By: Sarah Anderson

Date: 10/20/2023

Test Ordered:

☑ G6PD Enzyme Activity Level

Test Date: 10/20/2023

Time: 10:45 AM

Results

- G6PD Activity: 7.2 U/g Hb
- Interpretation: G6PD enzyme activity is within the normal range.
- Signature of Laboratory Technician: Sarah Anderson

Additional Notes/Recommendations

No specific recommendations at this time. Further evaluation of the anemia is advised.