# Glomerular filtration rate (iohexol clearance) request form

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|  |  |
| --- | --- |
| Name: | Date of birth: |
| Hospital Number: | Study date: |
| Height (cm): | Weight (kg): |

Iohexol dose: Children >25kg, 2.5ml Omnipaque 300 □

Children <25kg, 1.0ml Omnipaque 300 □

Please tick dose given or specify if different ………………...................................

**Please record actual times of iohexol administration and blood sampling:**

|  |  |  |
| --- | --- | --- |
| **PRE-sample** | Sampling EXACT time:*hh:mm* | Lab number:Affix barcode label  |
| Time of administration of IOHEXOL **(T=0min):** | *hh:mm* |
| **Sample 1 (T=5min)** Sampling time aimed for:*hh:mm* | Sampling EXACT time:*hh:mm* | Lab number:Affix barcode label  |
| **Sample 2 (T=120min)**Sampling time aimed for:*hh:mm* | Sampling EXACT time:*hh:mm* | Lab number:Affix barcode label  |
| **Sample 3 (T=180min)**Sampling time aimed for:*hh:mm* | Sampling EXACT time:*hh:mm* | Lab number:Affix barcode label  |
| **Sample 4 (T=240min)**Sampling time aimed for:*hh:mm* | Sampling EXACT time:*hh:mm* | Lab number:Affix barcode label  |

Any comments:

Blood samples along with this request form should be transferred to the laboratory immediately at the end of the procedure or the samples should be separated and the plasma stored frozen until transfer to the laboratory for analysis.