



## Department of Chemical Pathology

### Metabolic Screening Information Sheet

PWH/CP/WFORM\_IEM/V1

Please fill in ink. Any correction made should be crossed and signed.

Name \_\_\_\_\_ ID / BC No. \_\_\_\_\_ Ward \_\_\_\_\_

Sex \_\_\_\_ Date of Birth \_\_\_\_\_ Bed \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Clinical presentation (including family history):

Biochemical checklist:

- Hypoglycaemia [ ]
- Acid base abnormality [ ]
- Liver dysfunction [ ]
- Others, please specify \_\_\_\_\_

Presumptive diagnosis:

Previous metabolic screening results (if any):

What diet was the patient on when this specimen was collected?

Is this a pre-treatment sample? If not, what treatment (e.g. drug, dialysis, transfusion etc) was the patient receiving when and before the specimen was collected?

Contact person (with pager number) for discussion of results: