


## FOR NEWLY SUSPECTED HEART FAILURE

(Primary care use only)

*Failure to complete any relevant section of this form will result in delayed treatment  
For BNP testing only.*

**Please consider Anaemia and significant Lung Disease as alternative causes of  
shortness of breath before requesting this test**

<b>BNP BLOOD SAMPLE REQUEST FORM</b> (collect plain, red-topped clotted sample) Do not request other Pathology tests on this form, for BNP request only.		<b>Southend Hospital</b>  NHS Trust	
Hospital Number  NHS Number  Surname Forenames  Date of Birth                    /                    /	<table border="1"><tr><td><b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/></td></tr></table>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>	<b>Current medication</b>  <b>Is the patient on:</b>  Ace inhibitors/ARB's YES/ NO Beta Blockers YES/NO  <b>Others:</b> Please list relevant medication
<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>			
GP Bar Code Label		Date sample taken:  Taken by:	

Chairman:  
John Bruce  
Chief Executive:  
David Bramberbury

Associate University Teaching Hospital  
Cancer Centre  
Health Quality Service Accreditation

