

SystemOne Guide to Generating an Electronic Pathology Request Form for Sheffield Children's Hospital


Sheffield
LMC



Step 1:

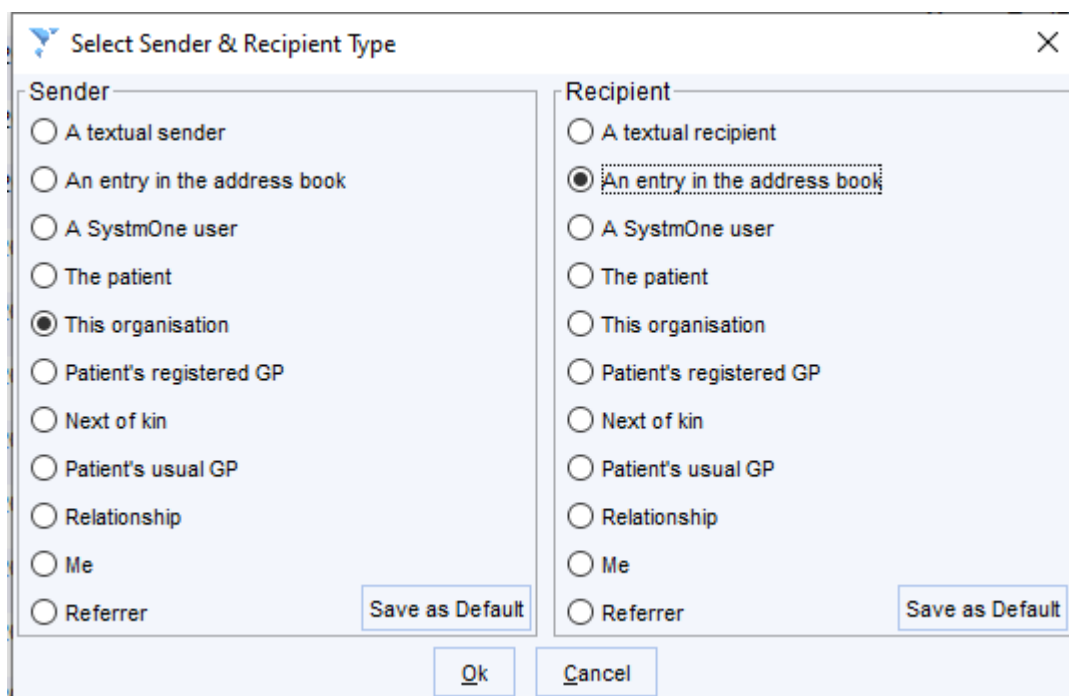
In the patient record, select 'communications and letters' on the tree on the left.

Right click for the options to open and choose 'new letter'.

 Communications & Letters (67)

Step 2:

Select the two options as below and click 'ok'.



Select Sender & Recipient Type

Sender

- A textual sender
- An entry in the address book
- A SystemOne user
- The patient
- This organisation
- Patient's registered GP
- Next of kin
- Patient's usual GP
- Relationship
- Me
- Referrer

Save as Default

Recipient

- A textual recipient
- An entry in the address book
- A SystemOne user
- The patient
- This organisation
- Patient's registered GP
- Next of kin
- Patient's usual GP
- Relationship
- Me
- Referrer

Save as Default

Ok Cancel

Step 3:

Select Sheffield Children's Hospital.

The screenshot shows a 'Select Recipient' dialog box with a search bar and tabs for 'Organisation Contacts', 'Trust Contacts', 'Search', and 'CCG Contacts'. A table lists various contacts with columns for Contact, Type, Address, Telephone, Fax, Email, and F... The contact 'Sheffield Children's Hospital' is highlighted in blue. At the bottom, there are 'Select' and 'Cancel' buttons.

Contact	Type	Address	Telephone	Fax	Email	F...
▶ Rotherham Hospital	Organisation	Moorgate Road, Rotherham, S60 2UD				
▶ Royal Hallamshire Hospital	Hospital	Royal Hallamshire Hospital, Glossop Roa...				
▶ Ryegate Children's Centre	Department	Tapton Crescent Road, Sheffield, S10 5DD				
Sexual Health Sheffield	Department					
Sheffield Alcohol Advisory Service	Hospital	646 Abbeydale Road, Sheffield, S7 2BB				
▶ Sheffield Children's Hospital	Hospital	Western Bank, Sheffield, S10 2TH				
▶ Sheffield City Council	Admin	Town Hall, Pinstone Street, Sheffield, S1 2...				
Sheffield Community CAMHS	Department	The Becton Centre for Children and Youn...				
Sheffield Contraception & Sexual Health	Hospital	Central Health Clinic, Mulberry Street, She...				
Sheffield Diabetes Eye Screening	Hospital	275 Glossop Road, Sheffield, S10 2HB				
Sheffield Family Health Services	Hospital	Osborne Road, Sheffield, S11 9BD				
Sheffield Health and Social Care Trust		Fulwood House, Old Fulwood Road, Sheff...				
▶ Sheffield IAPT - Argyll House	Hospital	9 Williamson Road, Sheffield, S11 9AR				
Sheffield Memory Service	Department	The Longley Centre, Norwood Grange Driv...				
▶ Sheffield Physiotherapy Services	Hospital	621 Middlewood Road, Sheffield, S6 1TT	0114 231 9821	0114 231 9822		
Sheffield Stoma Product Ordering	Organisation	NHS South Yorkshire ICB Sheffield, 722 P...	0114 305 1300		syicb-sheffield...	
▶ Sheffield Stop Smoking Service	Hospital	North Quadrant, Sheffield, S5 6NU				
▶ Sheffield Teaching Hospital	Hospital	Herries Road, Sheffield, S5 7AT				
Social Prescribing Service	Department				CSWRreferrals...	
South West Yorkshire Partnership	Department	Church Street, Darfield, Barnsley, S73 9LG				
South Yorkshire and Bassetlaw	Organisation	Hydra House, Nether Lane, Ecclesfield, S...				
▶ SPA	Department				sth.spa@nhs.net	
Spa Medica	Hospital	SpaMedica House, 43 Churchgate, Bolton...				
▶ spinal	Department					
St George's health Centre	Organisation	Winter Street, Sheffield, S3 7ND				

Step 4:

Select 'Choose Template'.

New Letter ×

Other Details... Exact date & time Wed 02 Aug 2023 11:19 ✔ ✖

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Recipient

Name First Name Middle Names Surname

Organisation

House name [Address Book...](#)

Road [Directory...](#)

Locality Telephone

Town Fax

County

Postcode [Find](#) [Add](#) [Map](#)

Sender

Name First Name Middle Names Surname

Organisation

House name [Address Book...](#)

Road [Directory...](#)

Locality Telephone

Town Fax

County

Postcode [Find](#) [Add](#) [Map](#)

Writing

Editor SystemOne MS Word

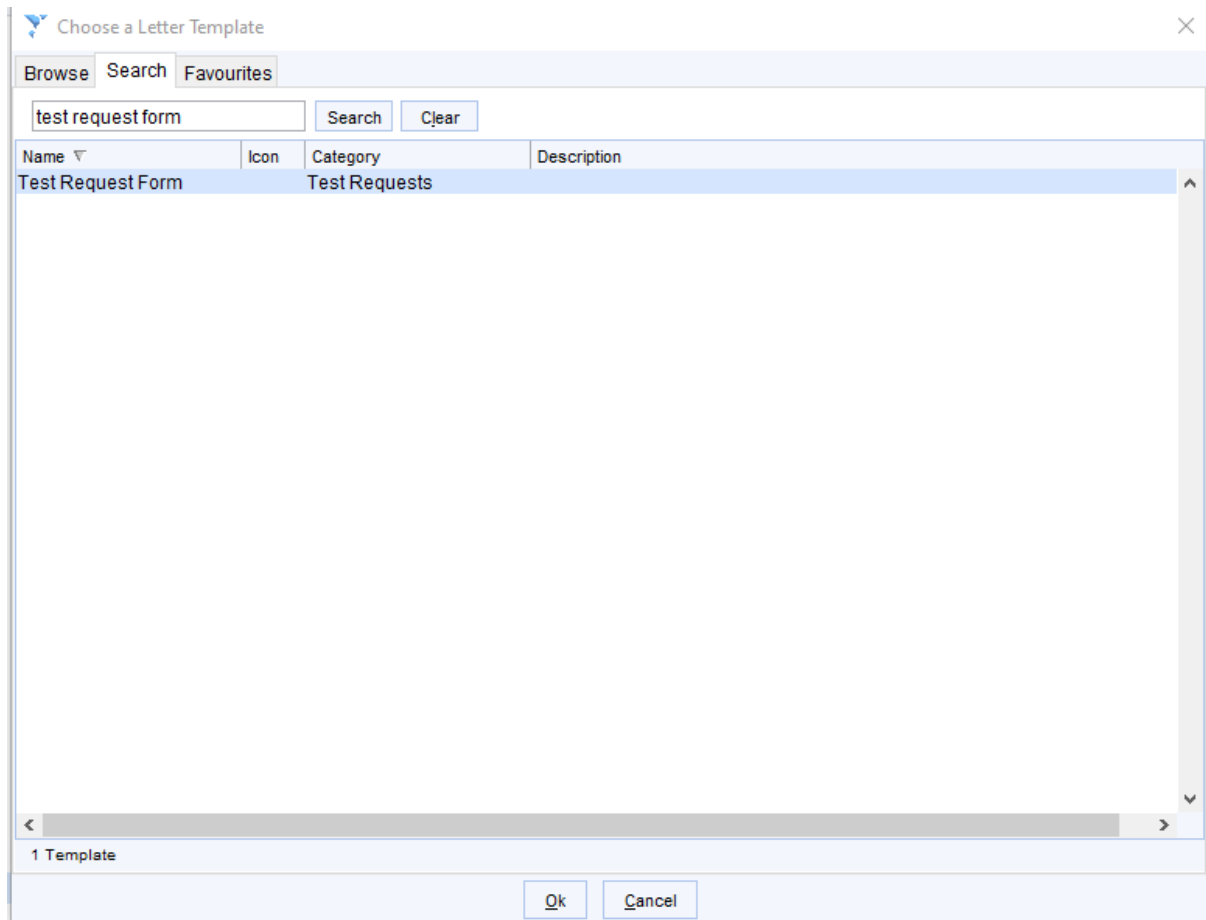
Template ✖

Letter type [Save as Default](#)

[Write Now](#) [Create Task to Write Later](#) [Cancel](#)

Step 5:

Highlight the second tab and type in 'test request form' and search. This should bring up the relevant form. Select it and click OK.



Step 6:

You should now be at the previous screen, but this time, with the relevant form as below.

Select 'Write Now'.

New Letter

Other Details... Exact date & time Wed 02 Aug 2023 11:19

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Recipient

Name: First Name, Middle Names, Surname

Organisation: Sheffield Children's Hospital

House name: Address Book...

Road: Western Bank Directory...

Locality: Telephone:

Town: Sheffield Fax:

County: South Yorkshire

Postcode: S10 2TH Find Add Map

Sender

Name: First Name, Middle Names, Surname

Organisation: Baslow Road Surgery

House name: Baslow Road Surgery Address Book...

Road: 148 Baslow Road Directory...

Locality: Telephone: 0114 2369957

Town: Sheffield Fax:

County: South Yorkshire

Postcode: S17 4DR Find Add Map

Writing

Editor: SystemOne MS Word

Template: Choose Template... X Test Request Form

Letter type: Test Result form Save as Default

Write Now **Create Task to Write Later** **Cancel**

Step 7:

The relevant form should load up:

PATIENT DETAILS			
NHS No:	Hosp No:	GP Name/Address: Dr Krishna Kasaraneni	
Surname: Mouse-TestPatient	Baslow Road Surgery, 148 Baslow Road, Sheffield S17 4DR		
Forename: Minnie			
Gender: Female			
DOB: 01-Jan-1933	Date Specimen Taken: 02 Aug 2023	Time	Requesting Doctor
Patient Address: 11 Chapel Street Headingley Leeds West Yorkshire LS6 3HZ		Clinical Details:	
Specimen Type:		Specimen Site:	

MICROBIOLOGY REQUEST			
Antibiotic:	Has had <input type="checkbox"/>	Is having <input type="checkbox"/>	To have <input type="checkbox"/>
Investigations Required			
Virology: Date of onset of symptoms:			

BLOOD SCIENCES REQUEST			
FBC	<input type="checkbox"/>	U&E	<input type="checkbox"/>
INR	<input type="checkbox"/>	LFT	<input type="checkbox"/>
Coagulation Screen	<input type="checkbox"/>	Glucose	<input type="checkbox"/>
Other:		Other:	
LMP	<input type="checkbox"/>	Fasting	<input type="checkbox"/>

Step 8:

Complete the form as required.

You can then print it and hand over a copy of it to the parents/child to take to Sheffield Children's Hospital.

Save the final version in the notes.