

**REQUESTING PHYSICIAN - PLEASE USE BLOCK CAPITALS**

**PLEASE SPECIFY THE NAME OF THE REQUESTING PHYSICIAN WHO WILL RECEIVE THE FINAL REPORT**

Doctor's name: \_\_\_\_\_  
 Clinic name: \_\_\_\_\_  
 Location Code: \_\_\_\_\_ Doctor's Code: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PATIENT DETAILS**

*If you have a sticker with the patient details, please stick it below instead of writing/typing them*

Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 DOB: \_\_\_/\_\_\_/\_\_\_ Sample date: \_\_\_/\_\_\_/\_\_\_ Sample time: \_\_\_\_\_  
 M/F: \_\_\_\_\_ Patient Ref / ID NO: \_\_\_\_\_

**PROFILES AND TESTS - Please specify**

- AMH - Anti-Mullerian Hormone B
- VITD - Vitamin D B
- FITP - Bowel Screening Test (Faecal Immunochemical Test)
- EU1 - EU 1 Profile (HIV, Hep B Surface Ag, Hep B Core Abs, Hep C Abs) B B
- EU2 - EU 2 Profile (HIV, Hep B Surface Ag, Hep B Core Abs, Hep C Abs, Syphilis Ab) B B
- CGU - Chlamydia/Gonorrhoea (Roche Urine Tube)
- FHP - Female Hormone Profile (FSH, LH, Oestradiol, Prolactin) B
- HA1 - Hb1A1c (Haemoglobin A1c) - Diabetes A
- DL1 - Biochemistry B G
- PSA - Total PSA (Prostate-specific antigen) B
- LFT - Liver Profile B
- THY1 - Thyroid Profile 1 (FT4 + TSH) B
- THY3 - Thyroid Profile 3 (TSH, FT4, FT3) B

**OTHER TESTS - Please specify**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Practise use Only:						For Laboratory use Only:						Codes
EDTA	SST	GREY	MSU	OTHERS	INITIALS	EDTA	SST	GREY	MSU	OTHERS	INITIALS	
												Biomnis