

**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
- ☐ -EU2 - EU 2 Profile (HIV, Hep B Surface Ag, Hep B Core Abs, Hep C Abs, Syphilis Ab) 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	eurofins   Biomnis	

**Payment Options - Please select ONE of the below:**

- Our surgery/GP has an account with Eurofins Biomnis: Please tick the box ☐ & enter your account code here:
- Cheque - Please tick the box ☐ and include the cheque with the sample
- Patient **pre-pay** through [www.eurofins.ie/biomnis](http://www.eurofins.ie/biomnis) and take the receipt to the clinician to be **posted along with the sample**: Please tick the box ☐
- Pay by credit/debit card over the phone on 01 295 8545 (option 2 on the menu):
  - ☐ Surgery will call to pay for the test, please tick this box
  - ☐ Patient will call to pay for the test, please tick this box

Please note: Payments by phone are only accepted after receipt of tests so please factor this when sending by regular post