

**PATIENT RECEPTION AT:
THE DOCTORS LABORATORY**
76 Wimpole Street, London W1G 9RT
Monday to Friday 7.00am–7.00pm
Saturday 7.00am–1.00pm
Main Tel: 020 7307 7373
**Out of hours samples may
be dropped at 76 Wimpole St**

CLINICIAN

Doctor
Address

Tel
Email

SOURCE

Additional copy of results to:

SURNAME																				
FORENAME																				

DOB / /
M/F

When completing this form please provide at least three unique identifiers for your patient.

Please Tick

(Biochemistry)	DL1	<input type="checkbox"/>
(Biochemistry/HDL)	DL1L	<input type="checkbox"/>
(Haem/Bio)	DL2	<input type="checkbox"/>
(Haem/Bio/HDL)	DL2L	<input type="checkbox"/>
(Haematology)	DL3	<input type="checkbox"/>
(Haem/Bio (short))	DL4	<input type="checkbox"/>
(Haem/Bio/HDL)	DL4L	<input type="checkbox"/>
(Postal Haem/Bio)	DL5	<input type="checkbox"/>
(Postal Haem/Bio/HDL)	DL5L	<input type="checkbox"/>
Well Person Screen (DL2/T4/TSH/Ferritin)	DL6	<input type="checkbox"/>
Well Person Screen (DL2L/T4/TSH/Ferritin)	DL6L	<input type="checkbox"/>
Well Man Screen (DL6/PSA/Ferritin)	DL7	<input type="checkbox"/>
Well Man Screen (DL6L/PSA/Ferritin)	DL7L	<input type="checkbox"/>
Well Person Screen (DL6/VITD/Ferritin)	DL8	<input type="checkbox"/>
Well Person Screen (DL6/HDL/VITD/Ferritin)	DL8L	<input type="checkbox"/>
Senior Male Profile 60+	DL9M	<input type="checkbox"/>
Senior Female Profile 60+	DL9F	<input type="checkbox"/>
Cardiovascular Risk Evaluation Profile	DL10	<input type="checkbox"/>
Cardiovascular Risk Plus Profile	DL11	<input type="checkbox"/>
Sexual Health 7 STI screen by PCR	DL12	<input type="checkbox"/>

Home Visit

PATIENT DETAILS
LMP: / /
Last smear: /
MONTH YEAR
Routine screen
Colposcopy
Previous HPV -ve +ve
Previous abnormal history (please specify):

Patient Ref/ID No. _____

PROFILES AND TESTS
Please specify

TESTS (PLEASE SPECIFY)

PAPT
A HR-HPV test will always be carried out if PAPT is requested as a single test. HPV will be charged.

HPV HR-HPV mRNA
If HPV is requested as a single test and is Positive/Detected, cervical cytology (PAPT) will be carried out from the same vial without charge.

HP20 28 LR+HR HPV DNA subtypes
If HP20 is requested as a single test and is Positive/Detected for HR subtypes, PAPT will be carried out without charge.

HPVT HP20 plus mRNA E6/E7 oncoproteins
If HPVT is requested as a single test and is Positive/Detected, PAPT will be carried out without charge.

TPCR **TGON**
Thin Prep Chlamydia Thin Prep Gonorrhoea

TCG
Thin Prep CT/GC

CCGT **CGTM**
CT/GC/Trichomonas CT/GC/Trichomonas/Mgen

7 STI (DL12)

Clinical Details

Fasting (tick if yes)
 Ethnic Origin (details, if relevant) _____
 Drug Therapy (Please specify) _____

TAP3643D/14-11-21/V9

Fee to be paid by Patient/Other. **PLEASE PROVIDE ADDRESS DETAILS**

Insurance Co. _____ Membership No. _____
Patient address _____
Postcode _____ Contact telephone number _____

Fee to be paid by Doctor/Clinic as above

Signature _____
Date sample taken _____
Time sample taken _____

For Practice Use Only:						For Laboratory Use Only:						For Patient Service's Use Only:			
EDTA	SST	GREY	MSU	OTHERS	INITIALS	EDTA	SST	GREY	MSU	OTHERS	INITIALS	TIME IN R	TIME IN Ph	TIME OUT Ph	TAKEN BY INITIALS

