

NHS Number or Post Code ~[NHS Number]		The sampling practice will not be interpreting or acting upon the results of this test		Hospital requesting	
Surname ~[Surname]		The results MUST be sent to the requesting consultant		Department	
Forename ~[Forename]		<u>The GP practice is providing a sampling service ONLY</u>		Consultant	
Date of Birth ~[Date Of Birth]		Sex ~[Sex]		Patient Hospital Number	
Address ~[Patient Address Line 1] ~[Patient Address Line 2] ~[Patient Address Line 3] ~[Patient Address Line 4] ~[Post Code]				Telephone ~[Telephone Number]	
Clinical Details				Sample type/site	If High Risk please affix sticker here
Signature		DATE/TIME SAMPLE TAKEN -			
TICK IF FASTING		Other tests			
Request		Laboratory use only			
Full Blood Count		Chlamydia			
ESR		HVS Culture			
Urea and Electrolytes		Faeces Culture			
Liver Function Test		Pregnancy Test			
Glucose		Culture and Sensitivity			
Lipid Profile		Microalbumin			
Thyroid Function Test					
Glycosylated Hb					