

HCV GENOTYPE TEST REQUEST FORM

PATIENT DETAILS

Affix patient label here	Complete ONLY if no label available		Lab21 Sticker ONLY
	Hospital/Clinic No.	<input style="width: 100%;" type="text"/>	
	Sample ID	<input style="width: 100%;" type="text"/>	
	Patient Initials	<input style="width: 100%;" type="text"/>	
	Date of Birth	<input style="width: 100%;" type="text"/>	
Sex		<input type="checkbox"/> M	<input type="checkbox"/> F

SAMPLE DETAILS

Sample collection date Sample collection time : 24-hour clock
(e.g. JAN)

Spin to plasma time : 24-hour clock

CLINICAL CENTRE INFORMATION

Customer number	<input style="width: 100%;" type="text"/>	Tel	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>	Fax	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	Email	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	Contact	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		

REQUESTING HEALTH PROFESSIONAL

Name (BLOCK CAPITALS)	<input style="width: 100%;" type="text"/>	COMMENTS
Date	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (e.g. JAN)	

FOR LAB21 USE ONLY

Date of sample receipt Lab21 ID

Please return the completed form, together with a minimum of 2.5ml plasma in plastic tubes to

Lab21 Ltd, 184 Cambridge Science Park, Cambridge, CB4 0GA, UK, T 01223 395 450 F 01223 395 451 E info@lab21.com
DX address: Lab21, DX 6055300, Cambridge 94 CB.