

**PATIENT RECEPTION AT:
THE DOCTORS LABORATORY**
76 Wimpole Street, London W1G 9RT
Monday to Friday 7.00am – 7.00pm
Saturday 7.00am – 5.00pm
Main Tel: 020 7307 7373
Patient Reception Fax: 020 7307 7371
**Out of hours samples may
be dropped at 76 Wimpole St**

CLINICIAN

Doctor
Address

SOURCE

Additional copy of results to:

SURNAME				DOB			When completing this form please provide at least three unique identifiers for your patient.
FORENAME	TITLE			M/F			

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): _____

TESTS (PLEASE SPECIFY)

PAPT
A HR-HPV testing 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 20 HPV DNA subtypes
If HP20 is requested as a single test and is Positive/ Detected, cervical cytology (PAPT) will be carried out from the same vial **without charge.**

HPVT Typed DNA/mRNA E6/E7 oncoproteins
If HPVT is requested as a single test and is Positive/ Detected, cervical cytology (PAPT) will be carried out from the same vial **without charge.**

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

TCG
Thin Prep CT/GC

7 STI (DL12)
If M.gen is detected, macrolide resistance testing will be carried out **without charge.**

Patient Ref/ID No.

PROFILES AND TESTS
Please specify

TAP3643B/21-11-18/V7

Clinical Details

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

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

Insurance Co.

Membership No.

Patient address

Postcode

Contact telephone number

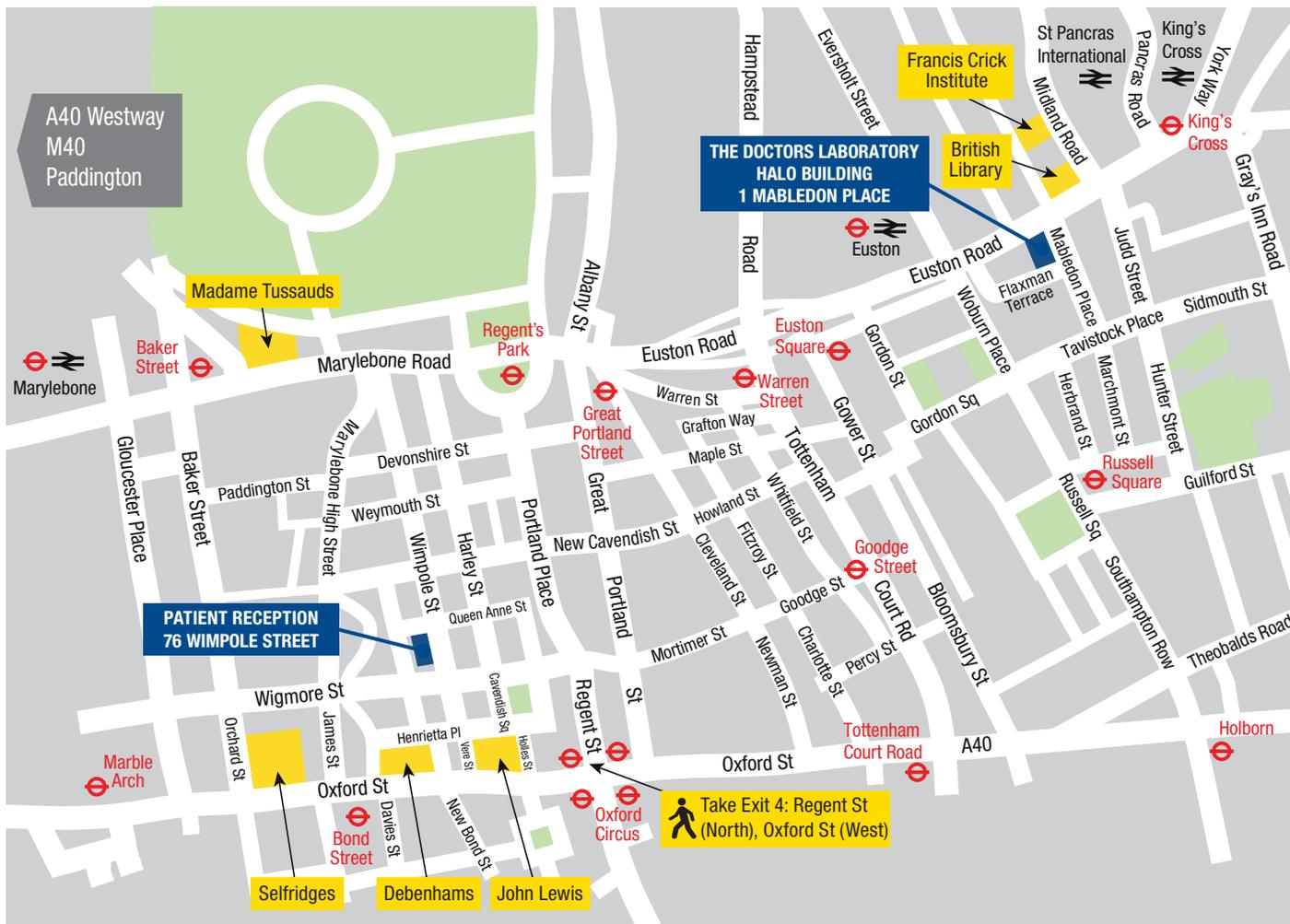
Fee to be paid by
Doctor/Clinic as above

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	TIME IN	TIME OUT	TAKEN BY
												R	Ph	Ph	INITIALS



**THE DOCTORS
LABORATORY**

PATIENT RECEPTION

76 Wimpole Street, London W1G 9RT
 Telephone: 020 7307 7383
 Patient Reception Fax: 020 7307 7371
 Email: patientreception@tdlpathology.com

OPENING TIMES

Monday to Friday 7.00am–7.00pm
 Saturday 7.00am–5.00pm

OUT OF HOURS SAMPLES

Out of hours samples can be dropped off at
 Patient Reception, 76 Wimpole Street
 London W1G 9RT

Or at the main laboratory:
 The Halo Building, 1 Mabledon Place
 London WC1H 9AX