

# PATHOLOGY REQUEST FORM

Please ensure this form is completed before sending your sample to the laboratory.

Enter your details clearly in capital letters. Failure to do so may result in a delay in receiving your test result.

Reference:

\_\_\_\_\_

Surname:

\_\_\_\_\_

Forename:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

Home Postcode:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Gender:

\_\_\_\_\_

Test Required:

\_\_\_\_\_

When did you do your test?

Please use corresponding format

\_\_\_\_ : \_\_\_\_  
DD MM YY hh mm

**THIS FORM MUST BE RETURNED WITH YOUR SAMPLE**

Account to D

