Uralensis Inov8 Pathology Services

Brooklands Road, Manchester, M23 9HE

Client: Lumiere Clinic 38 City Road East, Manchester M15 4QN

Downset Forms		Sample Date*	Sample Time
Request Form	All fields marked * are essential		1715
AHSIKUMBER			
SURNAME		SIGNATURE*	
ALREFALE		010000	
FORENAME.		CRoutine	
MAJO		SAMPLED BY*: (please print)	
ADDRESS (first ine)		Dr Chiana	
5 PICCADILLY PLACE		<u> </u>	□ 2WW
ADDRESS (second line)		Specimen Type and Clinical Details	
MANCHESTER		Darmpit-	Benign
POST CODE DATE OF BIRTH*			
MI 3 BP 2601 2000		Shave exasion	exclude
Source* (Ward/Department/GP Practice)			dysplostic
LUMIERE CLINIC			- ACVENUS
Consultant/GP			
NICOLECHIANS			
Lumiere Clinic Hospital Number			
COPY 38City Road East			
NAM Manchester M			
ADDRESS Email: info@lumiereclinic.co.uk			
	NHS		
Labuse only: DATE RECEIVED TIME RECEIVED (24 HR)			
Lab use only: DATE RECEIVED TIME RECEIVED (24 HR)			
,			
			•
1			