



THE DIAGNOSTIC PARASITOLOGY LABORATORY

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www.parasite-referencelab.co.uk

SPECIMEN REFERRAL FORM

Patient Surname	<input type="text"/>	Other names	<input type="text"/>
Date of Birth	<input type="text"/>	m/f	<input type="text"/>
NHS no. (or Hosp no.)	<input type="text"/>	Lab no.	<input type="text"/>

Name and address of doctor referring specimen:	Name and address for reports (if different):
ESSENTIAL INFORMATION Telephone number for contact relating to this specimen:	Name and address for invoices (if different):
Type of specimen: Please state if high risk and nature of risk	Purchase order number
Specimen date:	

Clinical details & investigations required: Please give details of any travel history and your laboratory diagnosis NB we do not offer any serology services
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Please return form and specimen by post/courier to The Diagnostic Parasitology Laboratory, Faculty of Infectious & Tropical Diseases, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT OR via Hays DX to HPA Malaria Reference Lab, DX 6641200, Tottenham Crt RD92WC