

**PATIENT RECEPTION AT:
THE DOCTORS LABORATORY**
76 Wimpole Street, London W1G 9RT
Monday to Friday 7.00am–7.00pm
Saturday 7.00am–1.00pm
Main Tel: 020 7307 7373
*Out of hours samples may
be dropped at 76 Wimpole St*

CLINICIAN

SOURCE

Doctor
Address

Tel
Email

Additional copy of results to:

SURNAME
FORENAME

DOB / /
M/F

When completing this form please provide at least three unique identifiers for your patient.

TITLE

Patient Ref/ID No.

PROFILES AND TESTS
Please specify

Please Tick

- (Biochemistry) **DL1**
- (Biochemistry/HDL) **DL1L**
- (Haem/Bio) **DL2**
- (Haem/Bio/HDL) **DL2L**
- (Haematology) **DL3**
- (Haem/Bio (short)) **DL4**
- (Haem/Bio/HDL) **DL4L**
- (Postal Haem/Bio) **DL5**
- (Postal Haem/Bio/HDL) **DL5L**
- Well Person Screen (DL2/T4/TSH/Ferritin) **DL6**
- Well Person Screen (DL2L/T4/TSH/Ferritin) **DL6L**
- Well Man Screen (DL6/PSA/Ferritin) **DL7**
- Well Man Screen (DL6L/PSA/Ferritin) **DL7L**
- Well Person Screen (DL6/VITD/Ferritin) **DL8**
- Well Person Screen (DL6L/HDL/VITD/Ferritin) **DL8L**
- Senior Male Profile 60+ **DL9M**
- Senior Female Profile 60+ **DL9F**
- Cardiovascular Risk Evaluation Profile **DL10**
- Cardiovascular Risk Plus Profile **DL11**
- Sexual Health 7 STI screen by PCR **DL12**

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 test 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 28 LR+HR HPV DNA subtypes**
If HP20 is requested as a single test and is Positive/Detected for HR subtypes, PAPT will be carried out without charge.
- HPVT HP20 plus mRNA E6/E7 oncoproteins**
If HPVT is requested as a single test and is Positive/Detected, PAPT will be carried out without charge.
- TPCR** **TGON**
Thin Prep Chlamydia Thin Prep Gonorrhoea
- TCG**
Thin Prep CT/GC
- CCGT** **CGTM**
CT/GC/Trichomonas CT/GC/Trichomonas/Mgen
- 7 STI (DL12)**

Clinical Details

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

TAP3643D/19-11-21/V10

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

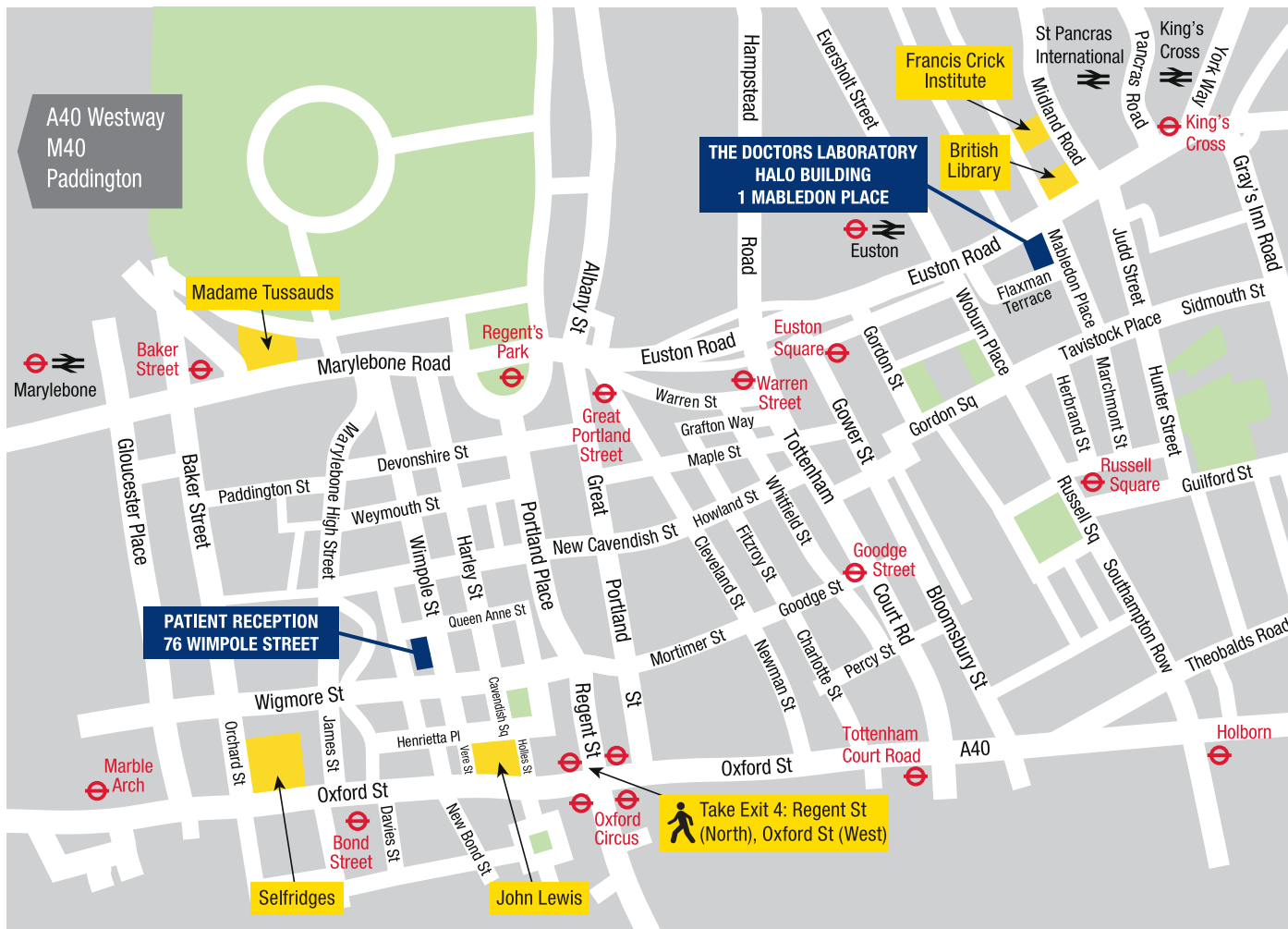
Signature _____
Date sample taken _____
Time sample taken _____

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



PATIENT RECEPTION

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

OPENING TIMES

Monday to Friday 7.00am–7.00pm
 Saturday 7.00am–1.00pm

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