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		DOB		When completing this form please provide at least three unique identifiers for your patient.
FORENAME	TITLE	M/F		
	Patient Ref/ID No.			

TEST

☐ **STK3 Stockholm3** AA

☐ **STKR Reflex to Stockholm3 when PSA is > 1.5** AAB

Mandatory clinical information

Has the patient's father or any of the patient's brothers/sons been diagnosed with prostate cancer?

☐ Yes ☐ No ☐ Don't know

Has the patient been taking or has previously taken (within the last three months) Avodart (Dutasteride) or Proscar (Finasteride) medication?

☐ Yes ☐ No ☐ Don't know

Has the patient undergone a prostate biopsy with a negative result within the last 12 months?

☐ Yes ☐ No ☐ Don't know

What is the patient's date of birth (dd/mm/yy)?

_____

At what date (dd/mm/yy) and time (hh:mm) were the samples taken?

_____ _____

Samples must be returned to the laboratory within 24 hours of sample taking

TAP5436C/23-09-25/V6

☐ 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 R	TIME IN Ph	TIME OUT Ph	TAKEN BY INITIALS

THE DOCTORS LABORATORY