

**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

Doctor
Address

Tel
Email

SOURCE

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** **A A**

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 previously undergone a prostate biopsy with a negative result?

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

TAP5436/02-05-24/V4

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