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

■ **ENDT Ziwig Endotest** **Endotest saliva collection kit**

REQUIRED INFORMATION FOR ELIGIBILITY

Please place Ziwig barcode here

Samples will be rejected if:

- **Patient's age is not within 18 years and 43 years**
- **Patient has a history of cancer, or HIV, or is pregnant**
- **The saliva collection device is outside the use-by date**

Patient's age between 18 and 43 years?	☐ Yes	☐ No
Presence of clinical signs suggestive of endometriosis (pelvic pain/infertility)?	☐ Yes	☐ No
History of cancer (0059)?	☐ Yes	☐ No
History of HIV infection (0060)?	☐ Yes	☐ No
Pregnant patient (0061)?	☐ Yes	☐ No

Expiry date on tube checked? Date of expiry: D D M M Y Y Y Y

PRE-ANALYTICAL INFORMATION

Samples will be rejected if the answer is 'Yes' to any of the following questions

In the 30 minutes prior to sampling, did the patient:

Eat?	☐ Yes	☐ No
Smoke?	☐ Yes	☐ No
Drink?	☐ Yes	☐ No
Chew gum?	☐ Yes	☐ No
Brush her teeth?	☐ Yes	☐ No
Rinse her mouth?	☐ Yes	☐ No
Wear lipstick?	☐ Yes	☐ No
Is the patient ill (cold, etc.)?	☐ Yes	☐ No
Is there bleeding from the mouth?	☐ Yes	☐ No

I have confirmed that the use by date for the saliva collection device has been confirmed as within date

TAP5427C/12-03-25/V14

☐ 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