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	/ /
FORENAME	TITLE	M/F	

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

Patient Ref/ID No.

	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 (DL6/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	☐

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** Thin Prep Chlamydia ☐ **TGON** Thin Prep Gonorrhoea

☐ **TCG** Thin Prep CT/GC

☐ **CCGT** CT/GC/Trichomonas ☐ **CGTM** CT/GC/Trichomonas/Mgen

☐ **7 STI (DL12)**

PROFILES AND TESTS
Please specify

TAP3643E/26-10-23/V12

Clinical Details

☐ Fasting (tick if yes)

☐ Ethnic Origin (details, if relevant) _____

☐ Drug Therapy (Please specify) _____

☐ 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:

EDTA	SST	GREY	MSU	OTHERS	INITIALS

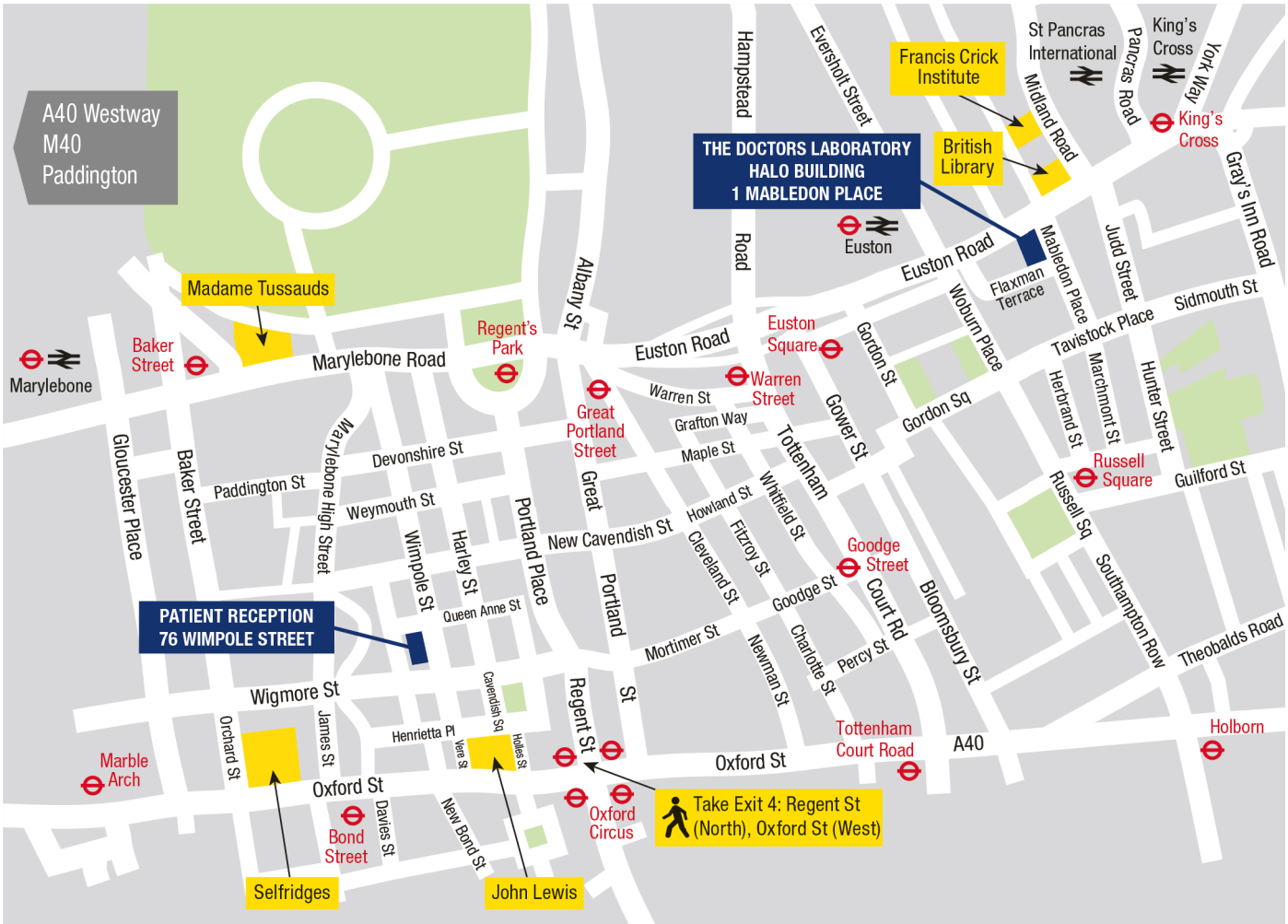
For Laboratory Use Only:

EDTA	SST	GREY	MSU	OTHERS	INITIALS

For Patient Service's Use Only:

TIME IN R	TIME IN Ph	TIME OUT Ph	TAKEN BY INITIALS

THE DOCTORS LABORATORY



THE DOCTORS LABORATORY

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