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** **Self-collect Endotest saliva collection kit**

REQUIRED INFORMATION FOR ELIGIBILITY PROVIDED BY THE PATIENT

Samples will be rejected if:

- Your age is not within 18 years and 43 years
- You have a history of cancer, or HIV, or are pregnant
- The saliva collection device is outside the use-by date

Please place Ziwig barcode here

Do you have clinical signs of endometriosis and/or infertility?	☐ Yes	☐ No
Do you have a history of cancer?	☐ Yes	☐ No
Do you have a history of HIV?	☐ Yes	☐ No
Are you pregnant?	☐ Yes	☐ No
Has the saliva been collected in the morning?	☐ Yes	☐ No
Has the sample been collected at least 30 mins after eating, drinking, brushing teeth, smoking or chewing gum and without having applied lipstick?	☐ Yes	☐ No
The patient confirms they have no illness affecting the ear, nose or throat?	☐ Yes	☐ No
Have you checked that the sample does not contain blood, has sufficient volume of saliva and the collection tube is within its expiry date?	☐ Yes	☐ No
Has the sample been collected at room temperature (within 20-26 degrees C)?	☐ Yes	☐ No

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

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

TAP5557C/20-05-25/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