

## CLINICIAN

Doctor  
Address  
  
Tel  
Email

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

PROFILES AND TESTS  
*Please specify*

TAP4968B/26-10-23/V2

**Clinical Details**

☐ Fasting (tick if yes)

☐ Ethnic Origin (details, if relevant) \_\_\_\_\_

☐ Drug Therapy (Please specify) \_\_\_\_\_

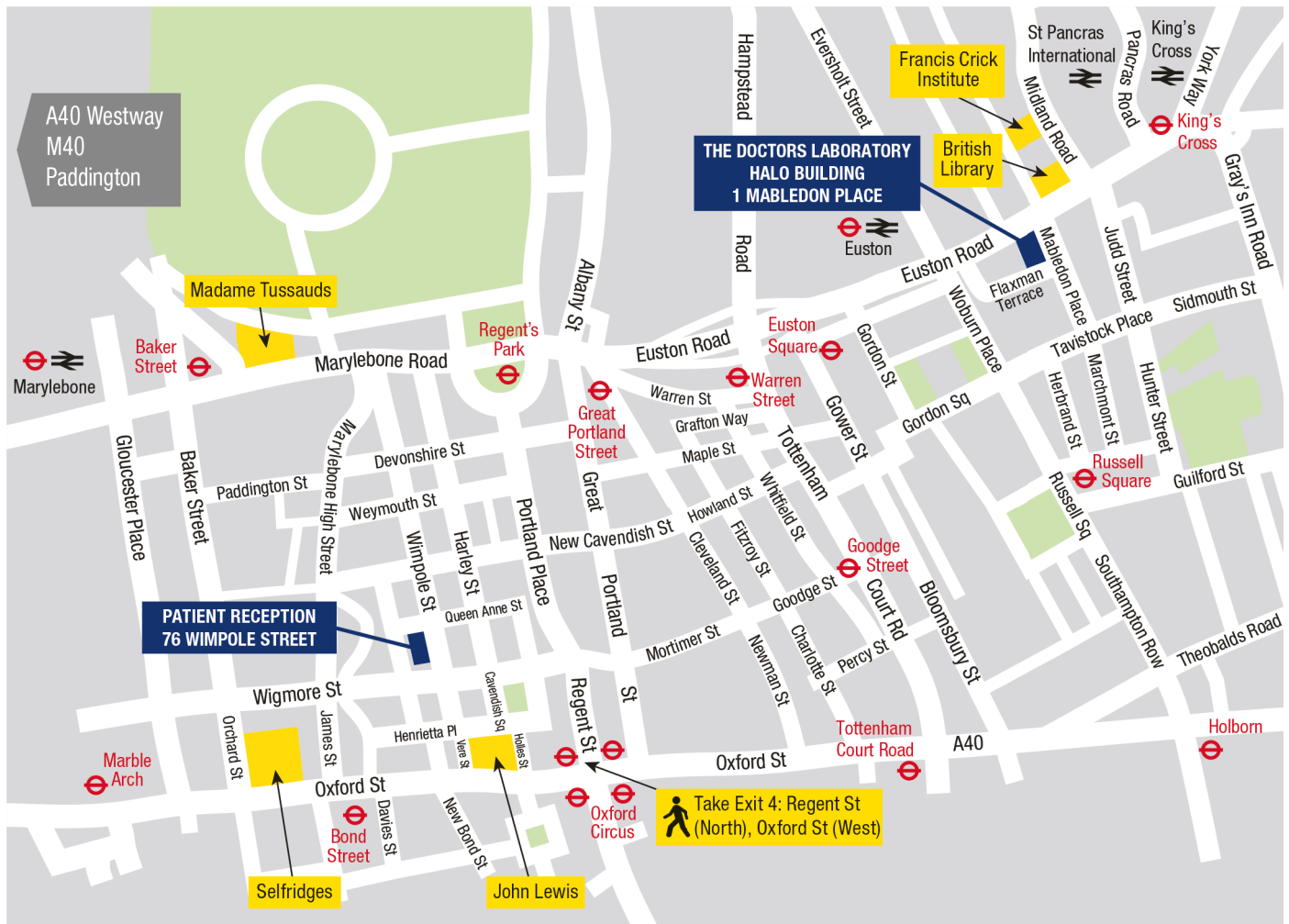
☐ Fee to be paid by Patient/Other. **PLEASE PROVIDE ADDRESS DETAILS**

☐ Fee to be paid by  
Doctor/Clinic as above

Insurance Co.	Membership No.	Signature _____
Patient address		Date sample taken _____
Postcode	Contact telephone number	Time sample taken _____



THE DOCTORS  
LABORATORY



## PATIENT RECEPTION

76 Wimpole Street, London W1G 9RT  
 Telephone: 020 7307 7383  
 Email: [patientreception@tdlpathology.com](mailto: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