



THE DIAGNOSTIC PARASITOLOGY LABORATORY

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ACANTHAMOEBA SPECIMEN REFERRAL FORM

Patient Surname

Other names

Date of Birth

m/f

NHS no. (or Hosp no.)

Lab no.

<p>Name and address of doctor referring specimen:</p> <p>ESSENTIAL INFORMATION : Telephone number for contact relating to this specimen:</p>	<p>Name and address for reports (if different):</p> <p>Name and address for invoices (if different):</p> <p>Purchase order number:</p>
<p>Type of specimen: (Please tick as appropriate)</p> <p>Corneal scrape <input type="checkbox"/> scalpel / needle (please circle as appropriate)</p> <p>Corneal biopsy <input type="checkbox"/></p> <p>Corneal swab <input type="checkbox"/></p> <p>Other (please specify):</p> <p>.....</p> <p>Contact lens / fluid <input type="checkbox"/> left / right / both (circle as appropriate)</p>	<p>Investigation required:</p> <p>Culture + PCR* <input type="checkbox"/></p> <p>Culture only <input type="checkbox"/></p> <p>*NB: addition of PCR to accredited UKAS scope in process</p> <p>Specimen date:</p>
<p>Clinical / diagnostic details: Please state if high risk and nature of risk</p> 	

Please return form and specimen by post/courier to The Diagnostic Parasitology Laboratory, Faculty of Infectious & Tropical Diseases, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT **OR** via Hays DX to HPA Malaria Reference Lab, DX 6641200, Tottenham Crt RD92WC