



THE DIAGNOSTIC PARASITOLOGY LABORATORY

Tel: +44 (0)20 7927 2427. Fax: +44 (0)20 7637 0248. www.parasite-referencelab.co.uk

SPECIMEN REFERRAL FORM

Patient
Surname

Other
names

Date
of Birth

m/f

NHS no.
(or Hosp no.)

Lab no.

Name and address of doctor referring specimen:

Name and address for reports (if different):

Name and address for invoices (if different):

Purchase order number

ESSENTIAL INFORMATION

Telephone number for contact relating to this specimen:

Type of specimen:

Please state if high risk and nature of risk

Specimen date:

Clinical details & investigations required:

Please give details of any travel history and your laboratory diagnosis

NB we do not offer any serology services

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