

**PATIENT RECEPTION AT:  
THE DOCTORS LABORATORY**  
76 Wimpole Street, London W1G 9RT  
Monday to Friday 7.00am – 7.00pm  
Saturday 7.00am – 5.00pm  
Main Tel: 020 7307 7373  
Patient Reception Fax: 020 7307 7371  
**Out of hours samples may  
be dropped at 76 Wimpole St**

CLINICIAN

Doctor **Name of requesting Doctor/Clinic**  
Address  
  
Tel Fax

SOURCE

Additional copy of results to:  
**We will send copy results, on  
request to other doctor(s) or  
patient. Please provide name(s)  
and address details.**

|          |                      |  |  |  |  |  |       |           |     |             |  |     |                     |  |
|----------|----------------------|--|--|--|--|--|-------|-----------|-----|-------------|--|-----|---------------------|--|
| SURNAME  | <b>N A M E</b>       |  |  |  |  |  |       |           |     |             |  | DOB | <b>DD / MM / YY</b> | When completing this form please provide at least three unique identifiers for your patient. |
| FORENAME | <b>P A T I E N T</b> |  |  |  |  |  | TITLE | <b>MR</b> | M/F | <b>MALE</b> |  |     |                     |  |

Please Tick

|  |      |                          |
|--|------|--------------------------|
| (Biochemistry)                             | DL1  | <input type="checkbox"/> |
| (Biochemistry/HDL)                         | DL1L | <input type="checkbox"/> |
| (Haem/Bio)                                 | DL2  | <input type="checkbox"/> |
| (Haem/Bio/HDL)                             | DL2L | <input type="checkbox"/> |
| (Haematology)                              | DL3  | <input type="checkbox"/> |
| (Haem/Bio (short))                         | DL4  | <input type="checkbox"/> |
| (Haem/Bio/HDL)                             | DL4L | <input type="checkbox"/> |
| (Postal Haem/Bio)                          | DL5  | <input type="checkbox"/> |
| (Postal Haem/Bio/HDL)                      | DL5L | <input type="checkbox"/> |
| Well Person Screen (DL2/T4/TSH/Ferritin)   | DL6  | <input type="checkbox"/> |
| Well Person Screen (DL2L/T4/TSH/Ferritin)  | DL6L | <input type="checkbox"/> |
| Well Man Screen (DL6/PSA/Ferritin)         | DL7  | <input type="checkbox"/> |
| Well Man Screen (DL6L/PSA/Ferritin)        | DL7L | <input type="checkbox"/> |
| Well Person Screen (DL6/VITD/Ferritin)     | DL8  | <input type="checkbox"/> |
| Well Person Screen (DL6/HDL/VITD/Ferritin) | DL8L | <input type="checkbox"/> |
| Senior Male Profile 60+                    | DL9M | <input type="checkbox"/> |
| Senior Female Profile 60+                  | DL9F | <input type="checkbox"/> |
| Cardiovascular Risk Evaluation Profile     | DL10 | <input type="checkbox"/> |
| Cardiovascular Risk Plus Profile           | DL11 | <input type="checkbox"/> |
| Sexual Health 7 STI screen by PCR          | DL12 | <input type="checkbox"/> |

**Home Visit**

**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 testing 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 20 HPV DNA subtypes**  
If HP20 is requested as a single test and is Positive/ Detected, cervical cytology (PAPT) will be carried out from the same vial **without charge.**

**HPVT Typed DNA/mRNA E6/E7 oncoproteins**  
If HPVT is requested as a single test and is Positive/ Detected, cervical cytology (PAPT) will be carried out from the same vial **without charge.**

**TPCR**  **TGON**  
Thin Prep Chlamydia Thin Prep Gonorrhoea

**TCG**  
Thin Prep CT/GC

**7 STI (DL12)**  
If M.gen is detected, macrolide resistance testing will be carried out **without charge.**

Patient Ref/ID No. \_\_\_\_\_

**Tick DL profiles, as required (see left) and list any other tests/profiles you require**

PROFILES AND TESTS  
Please specify

TAP3643B/21-11-18/V7

**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 **Patient's full address details, including postcode and telephone number**

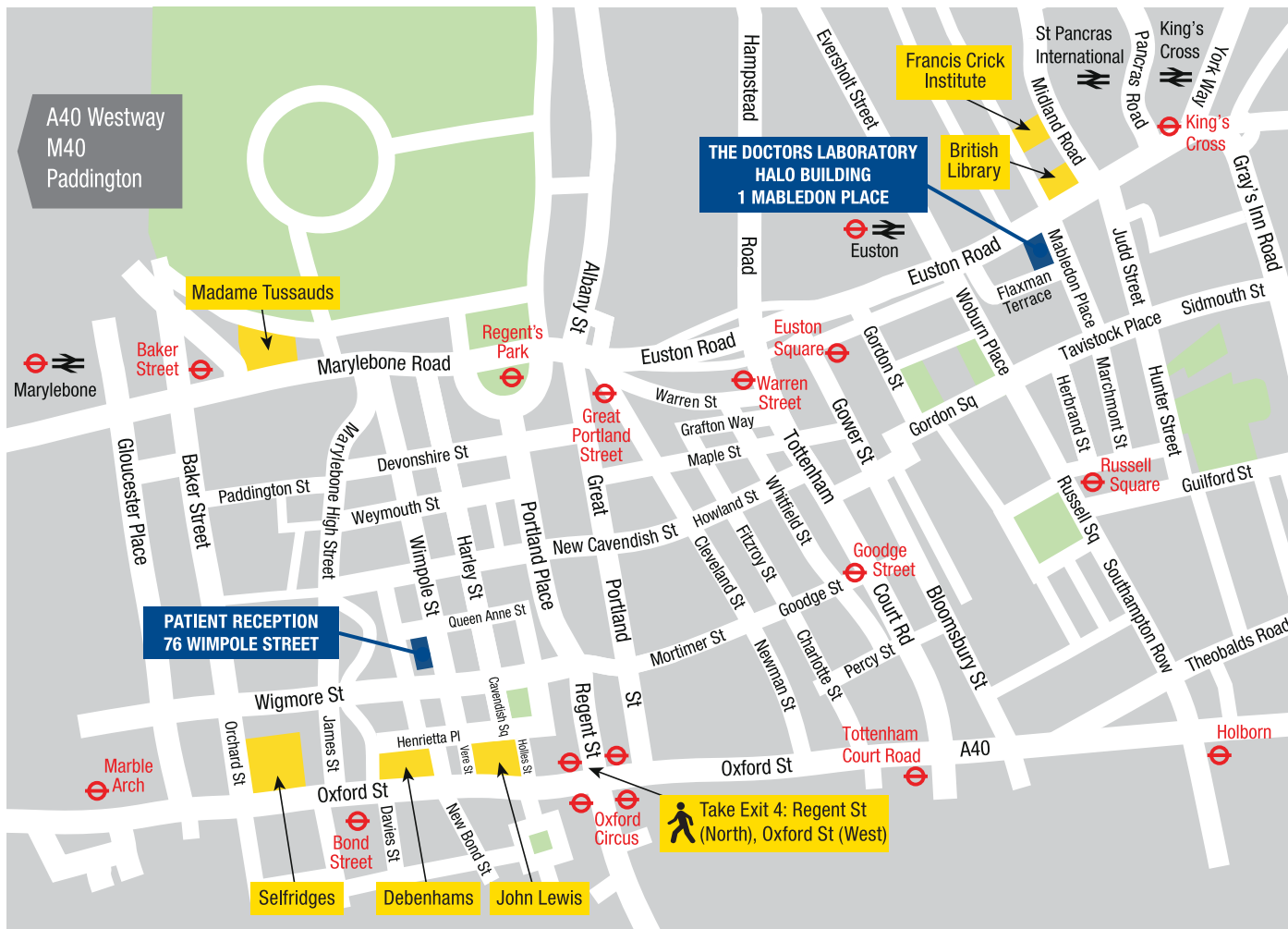
Postcode \_\_\_\_\_ Contact telephone number \_\_\_\_\_

**OR**

Fee to be paid by Doctor/Clinic as above

Signature **Signature** \_\_\_\_\_  
Date sample taken **dd/mm/yy** \_\_\_\_\_  
Time sample taken **hh:mm** \_\_\_\_\_

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



**THE DOCTORS  
LABORATORY**

### **PATIENT RECEPTION**

76 Wimpole Street, London W1G 9RT  
 Telephone: 020 7307 7383  
 Patient Reception Fax: 020 7307 7371  
 Email: [patientreception@tdlpathology.com](mailto:patientreception@tdlpathology.com)

### **OPENING TIMES**

Monday to Friday 7.00am–7.00pm  
 Saturday 7.00am–5.00pm

### **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