

<b>Laboratory Request Form</b> LMCF041 version2		Hospital number		NHS number	
Specimen		Surname	Forename	DOB	Sex
Date & time of collection		Location		Consultant	
Relevant clinical details					
Investigations required					
Requested by (signature)		Name (BLOCK CAPITALS)		Bleep/Contact no	

1. All samples must be sent in sealed plastic bags & the request form placed in the separate compartment provided.
2. Full and appropriate clinical details and Danger of Infection labels on both specimen and form must be provided for Category 3 risk samples.
3. Samples from patients with suspected or proven HIV infection must be sent in appropriate metal containers.
4. Data on this form may be stored on Laboratory computer systems.