

REQUESTING PHYSICIAN - PLEASE USE BLOCK CAPITALS

Please note all the fields are **MANDATORY** - Ensure to complete the fields with the **SAME DETAILS** registered in our system
 If you are unsure of your details, please contact our Client Services team (clientservices@ctie.eurofinseu.com) for advice
 Failure in properly completing the form may result in **sample rejection**

Location Code: _____ Doctor's Code (if applicable): _____
 Doctor's name: _____
 Clinic name: _____
 Address: _____
 Telephone: _____ Fax: _____ Email: _____

PATIENT DETAILS

If you have a sticker with the patient details, please stick it below instead of writing/typing them

Surname: _____
 First Name: _____
 Address: _____
 DOB: ___/___/___ Sample date: ___/___/___ Sample time: _____
 M/F: _____ Patient Ref / ID NO: _____

PROFILES AND TESTS - Please specify

- AMH - Anti-Mullerian Hormone (B)
- VITD - Vitamin D (B)
- FITP - Bowel Screening Test (Faecal Immunochemical Test)
- EU1 - EU 1 Profile (HIV, Hep B Surface Ag, Hep B Core Abs, Hep C Abs) (B B)
- EU2 - EU 2 Profile (HIV, Hep B Surface Ag, Hep B Core Abs, Hep C Abs, Syphilis Ab) (B B)
- CGU - Chlamydia/Gonorrhoea (Roche Urine Tube)
- FHP - Female Hormone Profile (FSH, LH, Oestradiol, Prolactin) (B)
- HA1 - Hb1A1c (Haemoglobin A1c) - Diabetes (A)
- DL1 - Biochemistry (B G)
- PSA - Total PSA (Prostate-specific antigen) (B)
- LFT - Liver Profile (B)
- THY1 - Thyroid Profile 1 (FT4 + TSH) (B)
- THY3 - Thyroid Profile 3 (TSH, FT4, FT3) (B)

OTHER TESTS - Please specify

For Practise use Only:						For Laboratory use Only:						Codes
EDTA	SST	GREY	MSU	OTHERS	INITIALS	EDTA	SST	GREY	MSU	OTHERS	INITIALS	