

Our ref:

leave blank



**THE DIAGNOSTIC PARASITOLOGY LABORATORY
FACULTY OF INFECTIOUS & TROPICAL DISEASES
LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE
KEPPEL STREET, LONDON WC1E 7HT.**

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REQUEST FORM

Please provide as much information as possible in order to assist us with carrying out correct test(s)

**Patient
Surname**

**Other
Names**

Date of birth

m/f

NHS/Hosp No.

Lab No.

**Name and address of doctor
referring tests to us:**

Name and address for reports (if different):

Name and address for invoices (if different):

Tel. number:

Type of specimen:

Specimen date:

Clinical details/test(s) required:

**Please return form and specimen by post or courier to the address above OR via Hays DX to
HPA Malaria Reference Lab, DX 6641200, Tottenham Crt RD92WC**