

Our ref:

leave blank

**LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE
DIAGNOSTIC PARASITOLOGY LABORATORY**

REQUEST FORM

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

Patient name

Date of birth

m/f

NHS number

Lab number

Name and address of Institution:

Address for reports (if different):

Telephone number:

Addressee: (if not Consultant)

Type of specimen:

Specimen date:

Clinical details/test required:

Referring physician:

Please return form and specimen to:

**The Diagnostic Parasitology Laboratory, Dept of Infectious and Tropical Diseases,
London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT.**

DX address: HPA Malaria Reference Lab, DX 6641200, Tottenham Crt RD92WC

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