



THE DIAGNOSTIC PARASITOLOGY LABORATORY

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SPECIMEN REFERRAL FORM

Patient
Surname

Other
names

Date
of Birth

m/f

NHS no.
(or Hosp no.)

Lab no.

Name and address of doctor referring specimen:

Name and address for reports (if different):

Name and address for invoices (if different):

ESSENTIAL INFORMATION

Telephone number for contact relating to this
specimen:

Purchase order number

Type of specimen:

Specimen date:

Clinical details & investigations required:

(NB we do not offer any serology services)

Please return form and specimen by post/courier to The Diagnostic Parasitology Laboratory, Faculty of Infectious & Tropical Diseases, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT OR via Hays DX to HPA Malaria Reference Lab, DX 6641200, Tottenham Crt RD92WC