

# Unilabs Request Form



		Prefix Label	
Patient Details		Client Code/Address	
<b>Surname</b>		Client :	
<b>Forename/s</b>			
<b>Date of Birth</b>			
<b>Gender (M/F)</b>			
<b>NHS/Hospital Number</b>			
Requesting Clinician		Clinical Details	
<b>Name</b>		<i>Reason for request/relevant history</i>	
<b>Contact Number</b>			
<b>Sample Date/Time</b>	...../...../..... :		
Sample Type			
Test/s Requested		Sample requirements	
		<b>Originating/Referring Lab Number</b> <i>Also known as Outside Case Number</i>	
		<i>OLN/RLN statement required RE: payment/billing</i>	
Result/Report Address (include referring department)		Invoice To <i>(if different to report address)</i>	
<p><b>Please send sample and completed form to;</b> Unilabs, 100a New Cavendish Street, W1W 6NR</p>			