

**PATIENT RECEPTION AT:**  
 25 Harley Street, London W1G 9QW  
 Monday to Friday **8:00AM to 8:00PM**  
 Telephone: **0207 079 2100**  
 Email: **info@phoenixpathology.co.uk**



CLINICIAN

Doctor  
Address

Tel

Fax

SOURCE

Additional copy of results to:

|          |       |  |     |     |  |  |
|----------|-------|--|-----|-----|--|--|
| SURNAME  |       |  |     | DOB |  | When completing this form please provide at least three unique identifiers for your patient. |
| FORENAME | TITLE |  | M/F |     |  |  |

Please Tick

|   |      |                          |
|---|------|--------------------------|
| (Biochemistry)                            | PP1  | <input type="checkbox"/> |
| (Biochemistry/HDL)                        | PP1L | <input type="checkbox"/> |
| (Haem/Bio)                                | PP2  | <input type="checkbox"/> |
| (Haem/Bio/HDL)                            | PP2L | <input type="checkbox"/> |
| (Haematology)                             | PP3  | <input type="checkbox"/> |
| (Haem/Bio (short))                        | PP4  | <input type="checkbox"/> |
| (Haem/Bio/HDL)                            | PP4L | <input type="checkbox"/> |
| (Postal Haem/Bio)                         | PP5  | <input type="checkbox"/> |
| (Postal Haem/Bio/HDL)                     | PP5L | <input type="checkbox"/> |
| Well Person Screen (DL2/T4/TSH/Ferritin)  | PP6  | <input type="checkbox"/> |
| Well Person Screen (DL2L/T4/TSH/Ferritin) | PP6L | <input type="checkbox"/> |
| Well Man Screen (DL6/PSA/Ferritin)        | PP7  | <input type="checkbox"/> |
| Well Man Screen (DL6L/PSA/Ferritin)       | PP7L | <input type="checkbox"/> |
| Well Woman Screen (DL6/VITD/Ferritin)     | PP8  | <input type="checkbox"/> |
| Well Woman Screen (DL6/HDL/VITD/Ferritin) | PP8L | <input type="checkbox"/> |
| Senior Male Profile 60+                   | PP9M | <input type="checkbox"/> |
| Senior Female Profile 60+                 | PP9F | <input type="checkbox"/> |
| Cardiovascular Risk Evaluation Profile    | PP10 | <input type="checkbox"/> |
| Cardiovascular Risk Plus Profile          | PP11 | <input type="checkbox"/> |
| Sexual Health 7 STI screen by PCR         | PP12 | <input type="checkbox"/> |

**ECG**

**Home Visit**

**PATIENT DETAILS**

**LMP:** \_\_\_\_\_

**Last smear:** \_\_\_\_\_  
MONTH YEAR

**Routine screen**

**Colposcopy**

**Previous HPV** -ve  +ve

**Previous abnormal history** (please specify): \_\_\_\_\_

**TESTS (PLEASE SPECIFY)**

**PAPT**   
Thin Prep Cervical Cytology

**HPV HR-HPV DNA**   
Collective reporting of HPV subtypes

**HP20 20 HPV DNA subtypes**   
(5 low risk, 15 high risk)

**HPVT Typed DNA/mRNA**   
HP20 with reflex mRNA for E6/E7 oncoprotein expression

**TPCR**   
Thin Prep Chlamydia

**TGON**   
Thin Prep Gonorrhoea

**TCG**   
Thin Prep CT/GC

**7 STI (PP12)**   
7 STI Screen by PCR

**Patient Ref/ID No.** \_\_\_\_\_

**PROFILES AND TESTS**  
Please specify

**Clinical Details**

Fasting (tick if yes)

Ethnic Origin (details, if relevant)

Drug Therapy (Please specify)

Fee to be paid by Patient/Other. **PLEASE PROVIDE ADDRESS DETAILS**

Insurance Co. \_\_\_\_\_ Membership No. \_\_\_\_\_

Patient address \_\_\_\_\_

Postcode \_\_\_\_\_ Contact telephone number \_\_\_\_\_

Fee to be paid by Doctor/Clinic as above

Signature \_\_\_\_\_

Date sample taken \_\_\_\_\_

Time sample taken \_\_\_\_\_

| For Practice Use Only: |     |      |     |        |          | For Laboratory Use Only: |     |      |     |        |          | For Patient Service's Use Only: |         |          |          |
|------------------------|-----|------|-----|--------|----------|--------------------------|-----|------|-----|--------|----------|---------------------------------|---------|----------|----------|
| EDTA                   | SST | GREY | MSU | OTHERS | INITIALS | EDTA                     | SST | GREY | MSU | OTHERS | INITIALS | TIME IN                         | TIME IN | TIME OUT | TAKEN BY |
|                        |     |      |     |        |          |                          |     |      |     |        |          | R                               | Ph      | Ph       | INITIALS |
|                        |     |      |     |        |          |                          |     |      |     |        |          |                                 |         |          |          |