

LIVERPOOL SCHOOL OF TROPICAL MEDICINE

DIAGNOSTIC PARASITOLOGY LABORATORY, L.S.T.M, PEMBROKE PLACE, LIVERPOOL, L3 5QA

TEL: (DIRECT LINE) 0151 705 3220; FAX 0151 705 3241



SURNAME	FIRST NAME	SEX	D.O.B	DATE RECEIVED AT LSTM
REQUESTING CONSULTANT		HOSPITAL REF. NO:		
DEPARTMENT/WARD		HOSP. LAB REF. NO:		
HOSPITAL ADDRESS		CLINICAL DETAILS		
TEL:		VISITS ABROAD		
		TYPE OF SAMPLE		

TICK BOX AS APPROPRIATE:

PRIORITY STATUS

ROUTINE

URGENT

HIGH RISK

YES

NO

NHS

PRIVATE

LSTM LAB REF NO: _____

SAMPLE TIME: _____

SAMPLE DATE: _____

TEST REQUESTED	TEST RESULT

COMMENT

ATTENTION: For this downloadable report form and test information visit

www.lstmed.ac.uk

click Services then Clinical Diagnostic Laboratory

L.S.T.M., DIAGNOSTIC LAB
DX 6966301, LIVERPOOL 92 L

REPORT DATE _____

SIGNED _____