

**LIVERPOOL SCHOOL OF TROPICAL MEDICINE**

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

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

**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**

The Laboratory is UKAS accredited in accordance with the recognised International Standard ISO15189:2012. This accreditation demonstrates technical competence for tests listed on UKAS defined scope of practice and the operation of a medical laboratory quality management system. The laboratories schedule of accreditation is published on the UKAS website.

**ATTENTION:** For this downloadable report form, user handbook and test information visit

**[www.lstmed.ac.uk](http://www.lstmed.ac.uk)**

**click Services then Clinical Diagnostic Laboratory**

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

REQUEST DATE \_\_\_\_\_

SIGNED \_\_\_\_\_