

**LIVERPOOL SCHOOL OF TROPICAL MEDICINE**  
DIAGNOSTIC PARASITOLOGY LABORATORY, L.S.T.M, PEMBROKE PLACE, LIVERPOOL, L3 5QA  
TEL: (DIRECT LINE) 0151 705 3220



|                              |                    |                                       |              |                              |
|------------------------------|--------------------|---------------------------------------|--------------|------------------------------|
| <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>NHS NUMBER:</b> | <b>HOSPITAL REF. NO:</b>              |              |                              |
|                              |                    | <b>REQUESTING LABORATORY REF. NO:</b> |              |                              |
| <b>DEPARTMENT/WARD</b>       |                    | <b>CLINICAL DETAILS</b>               |              |                              |
| <b>HOSPITAL ADDRESS</b>      |                    | <b>COUNTRIES VISITED</b>              |              |                              |
|                              |                    | <b>TYPE OF SAMPLE</b>                 |              |                              |
| <b>TEL:</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**

A UKAS accredited Medical Laboratory No 9362

**ATTENTION:** For this downloadable report form, user handbook and test information visit  
**[www.lstmed.ac.uk/CDPL](http://www.lstmed.ac.uk/CDPL)**

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

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

**SIGNED** \_\_\_\_\_

FORM-REP-01  
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