

LIVERPOOL SCHOOL OF TROPICAL MEDICINE

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

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SURNAME	FIRST NAME	SEX	D.O.B	DATE RECEIVED AT LSTM
REQUESTING CONSULTANT	NHS NUMBER:	HOSPITAL REF. NO:		
DEPARTMENT/WARD		REQUESTING LABORATORY REF. NO:		
HOSPITAL ADDRESS		CLINICAL DETAILS		
TEL:		COUNTRIES VISITED		
		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

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. Reference 9362.

ATTENTION: For this downloadable report form, user handbook and test information visit www.lstmed.ac.uk/CDPL

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

REQUEST DATE _____

SIGNED _____