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:** **HOSP. LAB REF. NO:**
DEPARTMENT/WARD	**CLINICAL DETAILS**
HOSPITAL ADDRESS **TEL:**	**COUNTRIES VISITED** **TYPE OF SAMPLE**

TICK BOX AS APPROPRIATE:

PRIORITY STATUS		**HIGH RISK**			
ROUTINE		YES		**NHS**	
URGENT		NO		**PRIVATE**	

SAMPLE TIME: _____
LSTM LAB REF NO: _____ **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
click Services then Clinical Diagnostic Laboratory

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

REQUEST DATE _____

SIGNED _____

FORM-REP-01
VERSION 9, Dec 2017, JJ