|  |  |  |  |
| --- | --- | --- | --- |
| **GP Surgery / Hospital name** |  | | |
| **Address** |  | | |
| **Courier number** |  | **Date** |  |

**Please complete and e mail this form to:** [**PF.Porters@synlab.co.uk**](mailto:PF.Porters@synlab.co.uk)

|  |  |  |
| --- | --- | --- |
| **Speciality** | **Description** | **Quantity** |
| GP Pathology Request Forms  **To request amendments to GP details ; please e-mail Pathology First IT Department: - ukitservicedesk@ipp-uk.com quoting relevant GMP and GMC number** | BAT488 Pathology Routine Tests Form |  |
| BAT433 Microbiology Request form |  |
|  | Combined Request Form for Histology/ Non-Gynaecological Cytology BAT450 |  |
| GP/Ward/Clinic Information | Blood Test Appointment Information Form (PPDIPP0025-S) |  |
| Biochemistry | 24 hour urine collection bottle |  |
| 24 hour urine collection bottle with acid |  |
| BD Rapid serum Tube (368774) |  |
| Chlamydia supplies (APTIMA) | Endocervical/urethral swab collection kits |  |
| Urine specimen collection kits |  |
| Vaginal (self-swab) collection kits |  |
|  | Cervical Pot & Brush & small specimen bag (25) |  |
| **CERVICAL SCREENING**  **(NNUH – purple)** | ICENI Request Forms (25) |  |
|  | Large Purple Transport Bags (PK 20)  **1 pack per surgery per order only** |  |
| Microbiology | Dermapak (DMK03) |  |
|  | MW951S Virocult Swab Green (1ml) |  |
| Histology Only | Histology Specimen Containers 2oz (60ml) |  |
| Andrology Only | Red Top Semen Analysis Pot |  |
| Sample Bags | Urgent GP sample (Green) |  |
|  | Anti-Coagulation (Blue) |  |

Laboratory Use Only Stores despatched by………………………………………Date ………