



Quest Diagnostics
10 Upper Wimpole Street
London, W1G 6LL

Account Code: _____
provided by Quest Diagnostics

Ordering Physician: _____
Additional Physician: _____
Send duplicate report copy to: _____

Physician's Address: Required if no account code indicated

Address Line # 1 _____

Address Line # 2 _____

Address Line # 3 _____

Address Line # 4 _____

Reports by:

Telephone: code / number _____

Facsimile: code / number _____

Short Biochemistry (QDL1)
SST

Full Biochemistry (QDL2)
SST

Short Biochemistry plus Haematology (QDL3)
SST, Lavender, ESR

Full Biochemistry plus Haematology (QDL4)
SST, Lavender, ESR

Surname: _____

Forenames: _____

Date of Birth: _____ Sex: _____
day / month / year Male / Female

Ethnic Origin: _____ Office / Patient number: _____ Fasting: Pregnant:

Patient's title: Mr / Mrs / Dr / Prof / etc _____ Fees to be paid by: Doctor Patient

Date collected: _____ Insurance Company Other details below

Time collected: (24 hour clock) _____ INSURANCE REFERENCE

Patient Address: only required if patient is receiving invoice

Address Line # 1 _____

Address Line # 2 _____

Address Line # 3 _____

Address Line # 4 _____

Clinical Details:

Comprehensive Profile (QDL5)
SST, Lavender, ESR

Haematology Profile (QDL6)
Lavender, ESR

Thyroid Profile 1 (QDL7)
SST

Thyroid Profile 2 (QDL8)
SST

Lipid Profile (QDL9)
SST

Hepatic Profile (QDL10)
SST

Immunology Profile (QDL11)
ESR, Lavender, SST

MSU Profile (QDL12)
Mid Stream Urine

FBC (Lav)

Coagulation (Light Blue)
PT & APTT

U & E (SST)

Cardiac Enzyme (SST)

Autoantibodies (SST)

PSA (SST)

PSA, free PSA ratio (SST)

HIV screen (SST)

Hepatitis B surface Ag (SST)

Hepatitis B immunity (SST)

ThinPrep (ThinPrep Vial)

Pap smear (Slide)

Other Tests:

Sample Type: _____ Source: _____

Reason for Smear:

LMP (1st DAY): _____ LAST TEST: _____

Pregnant: Y / N IUCD Fitted: Y / N

Post Natal: Y / N Taking Hormones: Y / N

Office use only - do not write here

| FOR LAB USE ONLY | | | | RECEIPT OF SPECIMEN | | | OTHERS |
|------------------|-----|------|-----|---------------------|-------------|--------------|--------|
| EDTA | SST | GREY | MSU | TIME IN (R) | TIME IN PHL | TIME OUT PHL | |