PATIENT RECEPTION AT:
25 Harley Street, London W1G 9QW
Monday to Friday **8:00AM** to **8:00PM**
Telephone: **0207 079 2100**
Email: **info@phoenixpathology.co.uk**

PHOENIX PATHOLOGY
part of Phoenix Hospital Group

CLINICIAN

SOURCE

Doctor

Address

Tel Fax

Additional copy of results to:

SURNAME		DOB	
FORENAME	TITLE	M/F	

When completing this form please provide at least three unique identifiers for your patient.

Patient Ref/ID No.

	Please Tick	
(Biochemistry)	PP1	☐
(Biochemistry/HDL)	PP1L	☐
(Haem/Bio)	PP2	☐
(Haem/Bio/HDL)	PP2L	☐
(Haematology)	PP3	☐
(Haem/Bio (short))	PP4	☐
(Haem/Bio/HDL)	PP4L	☐
(Postal Haem/Bio)	PP5	☐
(Postal Haem/Bio/HDL)	PP5L	☐
Well Person Screen (DL2/T4/TSH/Ferritin)	PP6	☐
Well Person Screen (DL2L/T4/TSH/Ferritin)	PP6L	☐
Well Man Screen (DL6/PSA/Ferritin)	PP7	☐
Well Man Screen (DL6L/PSA/Ferritin)	PP7L	☐
Well Woman Screen (DL6/VITD/Ferritin)	PP8	☐
Well Woman Screen (DL6/HDL/VITD/Ferritin)	PP8L	☐
Senior Male Profile 60+	PP9M	☐
Senior Female Profile 60+	PP9F	☐
Cardiovascular Risk Evaluation Profile	PP10	☐
Cardiovascular Risk Plus Profile	PP11	☐
Sexual Health 7 STI screen by PCR	PP12	☐

ECG ☐

Home Visit ☐

PATIENT DETAILS

LMP: _____

Last smear: _____ (MONTH YEAR)

Routine screen ☐

Colposcopy ☐

Previous HPV -ve ☐ +ve ☐

Previous abnormal history (please specify):

TESTS (PLEASE SPECIFY)

PAPT ☐
Thin Prep Cervical Cytology

HPV HR-HPV DNA ☐
Collective reporting of HPV subtypes

HP20 20 HPV DNA subtypes ☐
(5 low risk, 15 high risk)

HPVT Typed DNA/mRNA ☐
HP20 with reflex mRNA for E6/E7 oncoprotein expression

TPCR ☐
Thin Prep Chlamydia

TGON ☐
Thin Prep Gonorrhoea

TCG ☐
Thin Prep CT/GC

7 STI (PP12) ☐
7 STI Screen by PCR

PROFILES AND TESTS
Please specify

Clinical Details
- ☐ Fasting (tick if yes)
- ☐ Ethnic Origin (details, if relevant)
- ☐ Drug Therapy (Please specify)

☐ Fee to be paid by Patient/Other. **PLEASE PROVIDE ADDRESS DETAILS**

Insurance Co. Membership No.

Patient address

Postcode Contact telephone number

☐ Fee to be paid by Doctor/Clinic as above

Signature _____

Date sample taken _____

Time sample taken _____

For Practice Use Only:						For Laboratory Use Only:						For Patient Service's Use Only:			
EDTA	SST	GREY	MSU	OTHERS	INITIALS	EDTA	SST	GREY	MSU	OTHERS	INITIALS	TIME IN R	TIME IN Ph	TIME OUT Ph	TAKEN BY INITIALS

PHOENIX HOSPITAL GROUP