

PRIORITY REQUEST

CLINICAL TRIAL

PROCESS ON DAY OF RECEIPT

Study Name: REFLEX STUDY Contact: Dr Ryan Buchanan Tel: 07834 895051	PATIENT DETAILS* STUDY NUMBER _____ INITIALS : _____ D.O.B.: ____ / ____ / ____ DATE SAMPLE TAKEN / / / SOURCE: TR922
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ANALYSES REQUIRED

SAMPLE REQUIRED	LAB NUMBER	TEST
BIOCHEMISTRY		
EDTA BLOOD []		HbA1C
HAEMATOLOGY		
EDTA BLOOD []		FBC

Please make sure the details on the sample match the details written on the form exactly. Please print clearly. 3 points of ID needed.

Sample information please contact 02380 777222 Ext 8355 or Admin Wendy 02381 20 6422