**GP Request Form for a Laboratory test not available on MMUH GP Catalogue**

|  |  |
| --- | --- |
| **Date:** |  |
| **GP Name:** |  |
| **GP Medical Council Number:** |  |
| **GP Practice:** |  |
| **GP Practice Address:** |  |
| **Phone Number:** |  |
| **E-Mail address:** |  |

**Patient details:**

|  |  |
| --- | --- |
| Surname |  |
| Forename |  |
| Date of Birth |  |
| Gender |  |
| Address |  |

**Test request details:**

|  |  |
| --- | --- |
| Test name |  |
| Why is this test required?  Clinical information |  |
| Type of sample |  |
| Date and time of sample collection |  |

**Below is for Laboratory use only.**

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**Request reviewed by: Date:**

**Decision on provision of the test;**

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| --- |
|  |

**If the test request is declined the reviewer must add the test request to the patient order and then ‘NA’ the result providing relevant commentary outlining the rationale for doing so.**