

HPV
Requisition Form

TEST REQUIRED:

**Papillocheck® HPV
Genotyping Test**

Source BioScience
Reference Laboratory
1 Orchard Place
Nottingham Business Park
Nottingham, NG8 6PX
Tel. +44(0)115 973 9012
Fax. +44(0)115 973 9013



I: ORDERING CLINICIAN INFORMATION

ORDERING CLINICIAN NAME:

ORGANISATION NAME:

PHONE:

FAX:

ADDRESS:

CITY COUNTY POSTCODE COUNTRY

EMAIL

II: PATIENT INFORMATION

PATIENT NAME: Last Name First Name

DOB (DD-MMM-YYYY) SEX Female Male

NHS No. LAB No.

DATE SPECIMEN TAKEN (DD-MMM-YYYY)

ADDRESS: (Optional)

CITY COUNTY POSTCODE COUNTRY

DATE SPECIMEN DISPATCHED TO SOURCE BIOSCIENCE (DD-MM-YYYY)

III: CLINICIAN SIGNATURE

ORDERING CLINICIAN SIGNATURE DATE (DD-MMM-YYYY)

X

PRINT NAME

Each submission of a Requisition Form for the HPV testing issued by the Client to Source BioScience UK Limited will be deemed to be an acceptance by the Client of the purchase of Services subject to Source BioScience UK Limited Terms and Conditions of Supply of Reference Laboratory Services which can be obtained from Source BioScience directly by telephone request on 01159 973 9012
Source BioScience UK Limited is a wholly owned subsidiary of Source BioScience plc.

IV: ADDITIONAL INFORMATION

V: REQUISITION CODE (IF APPLICABLE)

VI: INFORMATION REQUIRED TO ACCEPT PAYMENT

PURCHASE ORDER NUMBER:

FINANCE ADDRESS:

CONTACT PHONE No.

CONTACT FAX No.

CITY

COUNTY

POSTCODE

COUNTRY

VII: PACKAGING REQUIREMENTS

All samples sent to Source BioScience for HPV genotyping must be packaged in accordance with Packaging Instruction 650 which applies to all substances assigned as UN3373.