

**CTC and CEC  
Requisition Form**

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 Mi

DOB (DD-MMM-YYYY) SEX  Female  Male

NHS No. HISTOLOGY No.

TIME (24 HR CLOCK) AND DATE (DD-MMM-YYYY) BLOOD TAKEN

ADDRESS: (Optional)

CITY COUNTY POSTCODE COUNTRY

**III: CLINICIAN SIGNATURE**

ORDERING CLINICIAN SIGNATURE DATE (DD-MMM-YYYY)

**X**

PRINT NAME

Each submission of a Requisition Form for CTC or CEC 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)**

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**VI: PATIENT INFORMATION**

**PATIENT NAME:**

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**NHS/HISTOLOGY NUMBER:**

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**VII: INFORMATION REQUIRED TO ACCEPT PAYMENT VIA CREDIT/DEBIT CARD**

**CARD TYPE**

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**CARD NUMBER**

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**CARDHOLDERS NAME**

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**BILLING ADDRESS**

---

**CITY**

**COUNTY**

**POSTCODE**

**COUNTRY**

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**VALID FROM (IF PRESENT) (MM-YY)**

**EXPIRY DATE (MM-YY)**

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**ISSUE NUMBER (MAESTRO/SOLO CARDS ONLY)**

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**SECURITY CODE (LAST 3 DIGITS OF NUMBER APPEARING ON THE SIGNATURE PANEL ON THE BACK OF YOUR CARD)**

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**PATIENTS AUTHORISED SIGNATURE**

**COST OF TEST(S)**

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**DATE SIGNED**

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**VIII: INFORMATION REQUIRED TO ACCEPT PAYMENT VIA INSURANCE**

**INSURANCE COMPANY**

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**POLICY NUMBER**

**AUTHORISATION CODE**

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**INSURANCE AGENT CONTACT NAME**

**INSURANCE AGENT CONTACT PHONE NUMBER**

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