

Diagnostics GT

GENOTYPE HCV
TEST REQUEST FORM

PATIENT DETAILS

Affix patient label here

Hospital/Clinic No.

Sample ID

Patient Initials

Date of birth

Sex M F Other

Delphic
sticker ONLY

SAMPLE DETAILS

Sample collection date

Sample collection time : 24-hour clock

Spin to plasma time : 24-hour clock

CLINICAL CENTRE INFORMATION

Customer number

Address

Postcode

Tel

Fax

Email

Contact

REQUESTING PHYSICIAN

Name (BLOCK CAPITALS)

Signature

Date

COMMENTS

FOR DELPHIC USE ONLY

HCV GT

Date of receipt of sample

Delphic ID

Please return the completed form plus minimum **2.5ml plasma** specimen in plastic tubes to:

Delphic Diagnostics, 1030 Heeley Close, Kent Science Park, Sittingbourne, Kent ME9 8HL
Delphic, DX 6403700, Sittingbourne 91M

Tel: 020 7499 0777 Fax: 020 7499 0775 Email: customerservices@delphicdiagnostics.com