

Care should be taken when completing "check" boxes.

FM009

*Chart No. *Surname *Forename *Patient Address *Date of Birth *Consultant or GP Code *GP Name or Ward / Hospital Address *Date of Specimen *Time of Specimen Clinical Details, or reason for request	Type(s) of Specimen (Must state site)	Laboratory Use Only Laboratory Number Here
	Test(s) Required	Laboratory Number Here
		Laboratory Number Here
		Laboratory Number Here
	Antibiotic Therapy	Laboratory Use Only Comments

PLEASE CUT ALONG DOTTED LINE

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