

		<h2 style="text-align: center;">ERYTHROPOETIN (EPO)</h2> <h3 style="text-align: center;">REFERRAL REQUEST FORM</h3>	
HOSPITAL NUMBER	SURNAME		FORENAME
REFERRAL LAB NUMBER	D.O.B	GENDER	SPECIMEN DATE
NAME & ADDRESS OF SENDER		CLINICAL DETAILS / HAEMOGLOBIN LEVEL	
SIGNATURE OF SENDER	CONTACT NUMBER	KINGS LABORATORY NUMBER	

Please refer to website: www.synnovis.co.uk for more request forms