

REQUEST FOR PORPHYRIN ANALYSIS



SURNAME		FORENAME		REFERRING LAB NUMBER
HOSPITAL/PATIENT NO.	D.O.B	GENDER	LABORATORY ACCESSION NO.	
NHS NUMBER		<i>Synnovis reference purpose only</i>		
NAME & ADDRESS OF SENDER			CLINICAL DETAILS & TESTS REQUESTED	
SPECIMEN DATE	SIGNATURE OF SENDER	CONTACT NUMBER	PLEASE CIRCLE TYPES OF SAMPLES SENT AS APPROPRIATE	
Faeces/ Urine/ Blood				

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