



Immunology/Neuroimmunology Request Card

Surname (family name)		Clinical Details
Forename (first name)		
Date of Birth (DD-MM-YYYY)		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Patient ID/NHS Number		
Date Sample Taken		
Sample Type	<input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> CSF	
Requesting Doctor		
Your Laboratory Reference		
Address for Report (inc. Telephone)	Address for Invoice	Investigation Required

Immunology Laboratory, Churchill Hospital, Churchill Drive, Headington, Oxford. OX3 7LE. Tel +44 (0)1865 225995.
 General enquiries: immunology.office@nhs.net Immunology Clinical Enquiries: LaboratoryImmunology.advice.ouh@nhs.net
 Neuroimmunology clinical queries: adam.handel1@nhs.net

Please do not email completed forms; post to the address above.