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| **Autoimmune Neurology Group –  University of Oxford** | |  | | Oxford University Hospitals NHS Foundation Trust logo |
| Immunology / Neuroimmunology Request Card | | | | |
| Surname (Family Name): |  | | Clinical Details | |
| Forename (First Names): |  | |  | |
| Date of Birth (DD-MM-YYYY): |  | |
| Sex: | Male  Female | |
| Patient ID/NHS Number: |  | |
| Date Sample Taken: |  | |
| Sample Type: | Serum Plasma ☐CSF | |
| Requesting Clinician |  | |
| Your Laboratory Reference |  | |
| Address for Report (inc. email and tel. number) | Address for Invoice (inc. email) | | Investigation Required | |
|  |  | |  | |
| Immunology Laboratory, Churchill Hospital, Churchill Drive, Headington, Oxford, OX3 7LE. Tel +44 (0)1865 225995  General Enquiries: [Immunologylab.enquiries@ouh.nhs.uk](mailto:Immunologylab.enquiries@ouh.nhs.uk) Immunology clinical enquiries: [Laboratoryimmunology.advice@ouh.nhs.uk](mailto:Laboratoryimmunology.advice@ouh.nhs.uk)  Neuroimmunology clinical enquiries: [adam.handel@ouh.nhs.uk](mailto:adam.handel@ouh.nhs.uk)  **Please do not email completed forms, post to the address above with sample.** | | | | |