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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 225995General Enquiries: Immunologylab.enquiries@ouh.nhs.uk Immunology clinical enquiries: Laboratoryimmunology.advice@ouh.nhs.ukNeuroimmunology clinical enquiries: adam.handel@ouh.nhs.uk**Please do not email completed forms, post to the address above with sample.** |