



Immunology / Neuroimmunology Request Card

Surname (Family Name):		Clinical Details
Forename (First Names):		
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 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 Immunology clinical enquiries: Laboratoryimmunology.advice@ouh.nhs.uk

Neuroimmunology clinical enquiries: adam.handel@ouh.nhs.uk

Please do not email completed forms, post to the address above with sample.