



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, Old Road, 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: Sarah.Irani@NDCN.ox.ac.uk.

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