

**GP Request Form for a Laboratory test not available on  
MMUH GP Catalogue**

<b>Date:</b>	
<b>GP Name:</b>	
<b>GP Medical Council Number:</b>	
<b>GP Practice:</b>	
<b>GP Practice Address:</b>	
<b>Phone Number:</b>	
<b>E-Mail address:</b>	

**Patient details:**

<b>Surname:</b>	
<b>Forename:</b>	
<b>Date of Birth :</b>	
<b>Gender:</b>	
<b>Address :</b>	

**Test request details:**

<b>Test name:</b>	
<b>Why is this test required? Clinical information</b>	
<b>Type of sample:</b>	
<b>Date and time of sample collection:</b>	

Below is for Laboratory use only.

**Request reviewed by:**

**Date:**

**Decision on provision of the test;**

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**If the test request is declined the reviewer must add the test request to  
the patient order and then 'NA' the result providing relevant  
commentary outlining the rationale for doing so.**

