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| Oxford University Hospitals NHS Foundation Trust logo | | |
| Immunology 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)  **Please do not email completed forms, post to the address above with sample.** | | |