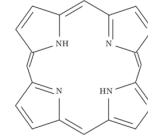
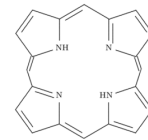


REQUEST FOR PORPHYRIN ANALYSIS



SURNAME		FORENAME		KING'S LAB NUMBER
CLIENT CODE & UNIT NUMBER () _____		D.O.B	GENDER	INITIATING LAB NUMBER
NAME & ADDRESS OF SENDER			CLINICAL DETAILS	
SPECIMEN DATE	SIGNATURE OF SENDER	CONTACT NUMBER	PLEASE CIRCLE TYPE(S) OF SAMPLE(S) SENT AS APPROPRIATE Faeces / Urine / Blood	

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SURNAME		FORENAME		KING'S LAB NUMBER
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