


Measurement of TPMT/TGN - request form

Referring laboratory details:	Please apply label:	 Please send sample and completed form to: Synnovis Central Specimen Reception North Wing- 5 th Floor, St Thomas' Hospital, Westminster Bridge Road London, SE1 7EH (Tel: 020 7188 3242)

Patient Details: Please apply sticker
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Patient Name:	
Gender: Male /Female	
Hospital number:	
Date of Birth:	
Your laboratory number / reference:	
Clinical information	
Date and time of sample	
Test required: please provide a recent measurement of Hb /RBC	
TPMT: <input type="checkbox"/>	Hb = g/l
TGN: <input type="checkbox"/>	RBC= x 10 ¹² /L
Sample requirements: 4ml EDTA whole blood (1ml paediatric) For patient results, please contact: customerservices@synnovis.co.uk For clinical queries, please email Monica.Arenas-Hernandez@gstt.nhs.uk or contact the Purine Research Laboratory- 0207 188 1266	
For additional forms and general enquiries please contact our central customer service department on 020 7188 8008 option 1.	