Faecal Calprotectin
Test Request Form

PATIENT DETAILS

SURNAME: ..... FORENAME: .....

DATE OF BIRTH: __ __/ __ __/ __ __ SEX: MALE ☐ FEMALE ☐

ADDRESS: .....

.....

CLIENT DETAILS

DOCTOR NAME: .....

ADDRESS: .....

.....

PHONE: ..... FAX: .....

DO YOU HOLD AN ACCOUNT WITH EUROFINS BIOMNIS? YES ☐ NO ☐

PLEASE NOTE CLIENTS THAT DO NOT HOLD AN ACCOUNT WITH BIOMNIS MUST INCLUDE PAYMENT WITH THE SAMPLE

TEST REQUIRED

TEST NAME:	CODE:	PRICE	SELECT:
FAECAL CALPROTECTIN	CALPR	€80	☐

CLINICAL SAMPLE DETAILS

CLINICAL DETAILS: .....

.....

SPECIMEN COLLECTION DATE: __ __/ __ __/ __ __

SPECIMEN TYPE: STOOL SAMPLE ☐

CLINICAL SAMPLE DETAILS

CARDHOLDER NAME: ..... TOTAL AMOUNT: €80

CREDIT / LASER CARD NUMBER: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CARD EXPIRY DATE: __ __/ __ __

CVV NUMBER: .....

CARDHOLDER SIGNATURE: .....

CARDHOLDER PHONE NO.: .....

CLINICAL SAMPLE DETAILS

1. FULLY COMPLETE THIS TEST REQUEST FORM
2. PLACE THE 20G (MINIMUM) STOOL SAMPLE INTO A STERILE CONTAINER. (REFRIGERATE UNTIL COLLECTION).
3. CONTACT OUR NATIONWIDE PATHOLOGY TRANSPORT DEPARTMENT ON **1800 252 967** OR EMAIL AT **LOGISTICS@EUROFINS-BIOMNIS.IE** TO ARRANGE DELIVERY OF SAMPLE TO OUR LABORATORY. (NOTE AS THE SAMPLE IS VERY STABLE, SAMPLES CAN BE SUBMITTED IN BATCHES ONCE PER WEEK IF PREFFERED).

Form RQF740
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