



Micropathology Ltd

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RAPID DIAGNOSIS OF EYE SAMPLES - Molecular testing (microbial DNA PCR identification)

Patient details OR Sticker:

Surname:

Forename(s):

DoB: (DD/MM/YYYY)

Gender: M / F / U

Hospital No:

Laboratory name and address for results:

Service & clinic code:

Consultant:

Requesting doctor:

Doctor phone/email:

Fax results to:

Sample type: e.g. Corneal Swab, Aqueous Tap

Date/Time taken:

Clinical details:

Site involved:

Date of onset of symptoms:

Results of previous tests:

Suspected organism(s):

Tests requested:

Bacteria

Acanthamoeba

Fungi

HSV

VZV

CMV

Please supply the contact details of your Finance department for invoicing.