

**PATIENT RECEPTION AT:  
THE DOCTORS LABORATORY**  
76 Wimpole Street, London W1G 9RT  
Monday to Friday 7.00am – 7.00pm  
Saturday 9.00am – 5.00pm  
Main Tel: 020 7307 7373  
Patient Reception Fax: 020 7307 7371  
*Out of hours samples may  
be dropped at 76 Wimpole St*

**Menopause Clinic  
10 Harley Street  
London W1G 9PF**  
**Source: MENOPAUSE**



Attending Doctor: \_\_\_\_\_

TAP3724/29-01-18/V3



SURNAME				DOB		Patient Ref. No.
FORENAME	TITLE		M/F			

When completing this form please provide at least three unique identifiers for your patient.

There is a standard sample taking fee of £31.00.

- ACTX** Adrenal Cortex Antibodies £49.00
- AMH** Antimullerian Hormone £99.00
- ABO** Blood Group ABO/Rh £48.00
- SPCR** Chlamydia trachomatis by PCR (Swab) £60.00
- CPCR** Chlamydia trachomatis by PCR (Urine) £60.00
- SCG** CT/GC by PCR (Swab) £60.00
- CCG** CT/GC PCR (Urine) £60.00
- KARY** Chromosome Analysis (Blood) £350.00
- GSA** Coeliac/Gluten Sensitivity Profile £129.00
- FIP** Female Hormone Profile £114.00
- FRAX** Fragile X Syndrome screen £266.00
- FSH** FSH £41.00
- FBC** Full Blood Count £36.00
- HBEL** Haemoglobin Electrophoresis £80.00
- GHB** HbA1c £41.00
- HIRP** Hirsutism Profile £141.00
- ISP** Iron Status Profile £73.00
- LIPP** Lipid Profile £42.00
- LFT** Liver Function Tests £42.00
- MENO** Menopause Profile £114.00
- OEST** Oestradiol £41.00
- OVAB** Ovarian Autoantibodies £58.00
- PROG** Progesterone £41.00
- STD5** STD5 (Bloods only) £116.00
- SWAB** Swab for Culture £47.00

**ANDROLOGY**

It is important to make an appointment for all semen samples, call **020 7025 7940**. Samples should be produced on site at TDL Andrology, 76 Wimpole Street. Patients should abstain for no less than 2 days and no longer than 5 days.

- SPCU** Semen Culture £39.00
- SPER** Semen Analysis, Comprehensive £168.00

**Other tests (please specify):**

Specify site: \_\_\_\_\_

- TEST** Testosterone £41.00
- PROP** Thrombotic Risk Profile £649.00
- TF** Thyroid Profile (FT4/TSH) £58.00
- TF2** Thyroid Profile 2 (includes Thyroid Abs) £140.00
- U/E** Urea and Electrolytes £42.00

Clinical Details

- Fasting (tick if yes)
- Ethnic Origin (details, if relevant)
- Drug Therapy (Please specify)

Fee to be paid by Patient/Other. **PLEASE PROVIDE ADDRESS DETAILS**

Insurance Co. \_\_\_\_\_ Membership No. \_\_\_\_\_  
 Patient address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_ Contact telephone number \_\_\_\_\_

Fee to be paid by Doctor/Clinic as above

Signature \_\_\_\_\_  
 Date sample taken \_\_\_\_\_  
 Time sample taken \_\_\_\_\_

For Practice Use Only:						For Laboratory Use Only:						For Patient Service's Use Only:			
EDTA	SST	GREY	MSU	OTHERS	INITIALS	EDTA	SST	GREY	MSU	OTHERS	INITIALS	TIME IN	TIME IN	TIME OUT	TAKEN BY
												R	Ph	Ph	INITIALS