

For Spire Hospital Use Only



Spire Healthcare
Pathology Services

SERVICE USER REQUEST FORM

CUSTOMER / SERVICE USER TO COMPLETE			
Requesting Organisation:	University Hospitals Plymouth NHS Trust as occupational health provider to University of Plymouth Faculty of Health		
Spire Plan Number:	6300001	Spire Source Code:	PLYSTUD
Service user First Name:		Service user Surname:	
Service user DOB:		Service user Gender:	
Service user Address:			
Clinical Information <i>(if required)</i>			
Pathology Tests Required:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	HEP B SURFACE ANTIGEN	HIV DUO (HIV1+2 & P24 AG)	HEPATITIS C ANTIBODIES
WPE Code:	HBSA	HIV	HCV
Sample Type:	1 SSI (GOLD TOP)		
Other Tests Required:	<i>(These must be agreed with Spire Pathology Customer Services Team prior to the appointment.)</i>		

SPIRE HOSPITAL USE ONLY			
Service User ID Verified by proof of one of the following:			
Drivers Licence	<input type="checkbox"/> YES <input type="checkbox"/> NO	Passport:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other: <i>(please state type of photographic evidence provided)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Verifier Name:		Date:	
Sample Information	Urgent <input type="checkbox"/> YES <input type="checkbox"/> NO	Fasting <input type="checkbox"/> YES <input type="checkbox"/> NO	
Taken by and when:	Name:	Sample Date:	
	Signature:	Sample Time:	

SPIRE LABORATORY USE ONLY			
Qty	Sample Type	Label	Time Stamp
	SST		
	EDTA		
	Urine		

Spire Customer Services Team Email: PathologyCustomerService@spirehealthcare.com