

SCIENTIFIC RESEARCH & INNOVATION SERVICES

Clinical Details:

Referring Hospital
Submitter

PATIENT'S FULL NAME OR
INITIALS

PATIENT HOSPITAL
NUMBER

DATE OF BIRTH

SEX

M / F

Referring Hospital Address:

Infection risk? Yes / No

If Yes specify:

Sample collected:

Date:/...../.....

Time:

REFERRAL INSTRUCTIONS

INDICATE TESTS REQUIRED	TEST CODE	TEST DESCRIPTION	SAMPLE TUBE	PROCESSING REQUIREMENTS
<input type="checkbox"/>	CRD0238 [CY19]	IL-1b, IL-6, IL-8, TNFa	1 x Yellow/Gold topped tube (Serum) OR 3 x Frozen serum aliquots	Centrifuge sample on site and send to KCH with a cool pack within 2-hours
<input type="checkbox"/>	CRD0239 [CY20]	IL-2ra, IL-10, IL-17a, INFg		
<input type="checkbox"/>	CRD0240 [CY21]	IL-15, GM-CSF, MCP-1, VEGF		Separate serum into 3 aliquots, store frozen at -20°C and courier frozen on dry ice within 24 hours
<input type="checkbox"/>	CRD0242 [CY23]	IL-5, IL-13		

INSTRUCTIONS FOR KCH CSR

PLEASE DO NOT DISPOSE OF SAMPLE BEFORE CONSULTING THE SR&I LAB.

9AM- 5PM: PLEASE DELIVER SAMPLES DIRECTLY TO THE SR&I LAB.

OUT OF HOURS: PLEASE PLACE SAMPLES IN THE SR&I BOX IN CSR FREEZER.

Ensure all handwriting on this form is in legible CAPITAL BLOCK letters.

Inform the lab team when samples are sent by emailing the following email address: kch-tr.synnovis.research@nhs.net

Please send all samples to:

Scientific Research & Innovation Services
(formerly Contract Research & Development)
c/o Central Specimen Reception
Ground Floor, Bessemer Wing
Kings College Hospital
Denmark Hill
London, SE5 9RS

Requesting consultant:

Requesting consultant email:

Requesting consultant contact telephone:

Sent to KCH: Date:/...../.....

Time: