

#5



Canterbury Health Laboratories

BLOOD REQUEST FORM

Surname		First name/s		Sample date, time	Requested by
Age or D.O.B.	Sex				Dr Murray Barclay Ext 80074
Project Code (Care of) RS468		Location RS468		Collected by	Collection site CHLabs

TESTS REQUIRED Reference: ID No:

P (Register for specimen collection in Blood Test Centre)

CHLabs Registration Staff:

1. Do not spin tubes.
2. DO NOT FREEZE
3. Please place ALL tubes, in the Research/Studies basket in Specimen Registration fridge for daily collection by Autoimmune Diseases Research Group staff.

Specimen requirements: **3x 3mL EDTA**

RS468	The recruitment of volunteers for the study of chronic diseases	Questions or problems – please contact Dr Rebecca Roberts (ext 81558)
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Canterbury Health Laboratories will rely on the requestor to obtain informed consent for the requested tests, and any additional related tests, to be performed by the laboratory

FOR DIRECTIONS ON HOW TO FIND CHLabs PLEASE SEE BACK OF THIS FORM



Canterbury Health Laboratories

Blood Collection Service

Canterbury Health Laboratories Building
Corner of Hagley Avenue and Tuam Street

Phone: 364-0300

Fax: 364 0750

Hours: Monday to Friday 8:00am-5:00pm

Off street parking available