

Freeman Laboratories

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The Newcastle upon Tyne Hospitals



NHS Foundation Trust

Surname		ID Number		Reason for Request
Forename(s)		Sex	DOB/Age <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Client Address/Tel. number		Date/Time of Specimen		
				Doctor's Signature
Tests Required				

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