

Specimen Number:



Blood Transfusion Laboratory  
Laboratory Medicine  
Cork University Hospital  
Wilton  
Cork  
T12DC4A  
021/4922537

### Molecular Genetics Request for HLA B27

This form must be filled out completely, using BLOCK CAPITALS. **3mls EDTA Blood** is required and sent to the Blood Transfusion Laboratory at CUH.

<b>Patient Details:</b>  MRN: _____  Name: _____  D.O.B: _____  Address: _____ _____  Gender: _____	<b>Requestor Details:</b>  Clinician: _____  Address: _____ _____ _____ _____  Contact No. _____
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<b>Clinical Information:</b>          
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<b>For completion by the referring clinician/GP:</b> <i>I have discussed this test with my patient/their guardian and the patient/guardian has consented to this test.</i>	
Name (in block capitals): _____	
Signature: _____	
Specimen Date: _____	Time: _____

LAB USE ONLY	
HLA B27 Result:	Date/Time of Receipt: