COVID-19 ANTIBODY TEST REQUEST FORM

111 Harley Street, Marylebone, London, W1G 6AW, HCA Labs Phlebotomy Centre
Opening times: Mon to Fri, 08:00 to 16:00 and 09:00 to 12:00 Sat to Sun
To attend in the morning please make an appointment by calling 020 7224 2565

PATIENT DETAILS [Please complete before your arrival]		
Last Name:		
First Name:		
DOB: DD/MM/YYYY		
Gender:	Female ☐	Male ☐
Address | Postcode:		
Contact Number:		

ETHNICITY			
Ethnicity: [please circle] *As the UK's Chief Medical Officer has asked Public Health England (PHE) to further explore the impact of COVID-19 across different population groups, we will be asking you to provide your ethnicity data to support ongoing research in this area and so we can provide support where needed*	Asian | Asian British	Chinese	Indian
		Pakistani	Bangladeshi
		Any other Asian background	
	Black | African | Caribbean | Black British	African	Caribbean
		Any other black background	
	Other Ethnic Group	Arab	Any other ethnicity
	White	British | Irish	Any other white background

☐ I consent to my information being used to inform clinical studies _____

Signature

TEST INFORMATION	
Test Name:	.COVID19ABSR
Doctor Code:	NOVMA | Please CC to patient

THIS IS A SELF PAY TEST ONLY AND NOT COVERED BY INSURANCE

DETAILS [to be filled in by your phlebotomist]	
Date/Time	
Collector's Signature	

_____

Signature

HCAHealthcare UK
Laboratories