

Account No.

Hospital No.

Please complete your personal details below	
Name _____	Surname _____
Address _____	
Post code _____	
Age _____	D.O.B _____



Fertility & Reproductive Medicine Clinic

Serum Chlamydia antibody test

Date and time of blood test appointment:

Please attend for your blood tests by taking this request form to the outpatient department of the Spire Bristol Hospital, Redland Hill, Bristol BS6 6UT at the time and date you've been given.

The nurses will take blood from your arm for the tests requested below. The tests can be done at anytime of your menstrual cycle. Please allow up to 30 minutes for this appointment.



Serum Chlamydia antibody test

Sample type: 1 x Gold bottle/SST

