



## ELF ANALYSIS REQUEST FORM

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| <b>REQUESTING CENTRE:</b>  | <b>PLEASE TICK HERE IF THIS TEST REQUEST IS URGENT</b> <input type="checkbox"/>          |
| <b>SITE ID / ACCOUNT NO (IF APPLICABLE):</b>   |  |
| <b>REQUESTING DOCTOR / NURSE:</b>  |  |
| <b>CONTACT DETAILS:</b>  |  |
| <b>PATIENT NAME:</b>   | <b>PATIENT REFERENCE NUMBER:</b><br>(NHS / laboratory / clinical study reference number) |
| <b>DATE OF BIRTH:</b>  |  |
| <b>SAMPLE TYPE: SERUM</b> ( <i>Only serum is accepted for ELF test</i> )                         |  |
| <b>DATE AND TIME OF SAMPLE COLLECTION:</b>   |  |
| <b>FOR SAMPLES OLDER THAN 24 HOURS, PLEASE DESCRIBE HOW IT HAS BEEN STORED SINCE COLLECTION:</b> |  |
| <b><u>TEST(S) REQUIRED:</u></b>  |  |
| <b>ENHANCED LIVER FIBROSIS TEST (ELF™):</b> ..... <input type="checkbox"/>                       |  |
| <b>CLINICAL DETAILS / TREATMENT ETC:</b>   |  |

For further information, please visit our website [www.iqur.com](http://www.iqur.com) or email [info@iqur.com](mailto:info@iqur.com)