CNSLab

SAMPLE INFORMATION FORM

Laboratory Use Only

en

CLIENT DETAILS

Complete patient details *(BLOCK CAPITALS)*

First Name:	**Date of Birth:**
Last Name:	**Gender:**

Address:	**Postcode**:
	Phone:
	E-mail:

SAMPLE COLLECTION DETAILS *(REQUIRED)*

Sample Date 1: (DD) / (MM) / (YYYY)	**Sample Time 1**:

TEST SELECTION

To order additional tests, please visit our website www.CNSLab.co.uk

Gut Detective

Gut Detective Stool Test	
Gut Biomarker Profile	✓
- Calprotectin	✓
- Pancreatic Elastase	✓
- Secretory IgA	✓
- Alpha-1 Antitrypsin	✓

Post your stool sample, along with this information form, in the **Freepost returns box provided.**

Post your sample on the same day you collect it.
If same-day posting isn't possible, **store the sample in the fridge and post it the next day.**

To reduce the risk of sample degradation during transit, please **avoid posting samples on Thursdays or Fridays,** especially before **Bank Holidays**, as **we cannot receive samples over the weekend.**

Weekend sample collections and postage are acceptable.

FAILURE TO PROVIDE ALL OF THE ABOVE INFORMATION WILL CAUSE A DELAY IN TESTING

PRACTITIONER DETAILS

Clinic Name:	
E-mail:	Phone:

Data Protection: For any queries relating to data protection, security and how we process your data please see our Privacy Notice on our website