Date of request : .....

Patient's registration number : (or date of birth) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Patient's first name and surname : .....

Marital name: ..... **Sex** ☐ M ☐ F

Patient's address : .....

.....

.....

Patient's telephone no. : .....

ANALYSES REQUESTED BY THE PATIENT

STI assessment

Urine 1st stream (at least 2 hours after last urination, without intimate wash). Women should opt for vaginal self-collection

☐ Chlamydia trachomatis + Neisseiria gonorrhoeae + Mycoplasma genitalium (€75.33)

Blood test (€6.28):

☐ HIV serology (€12.56) + confirmation if necessary (€25.11)

☐ Hepatitis C serology (€12.56) + confirmation if necessary (€25.11)

☐ Hepatitis B serology (€37.68) + additional tests required (€42.06 to €90.71)

⚠ *Do not tick if you have been vaccinated*

☐ Syphilis serology (€12.56) + additional tests required (€18.84 to €94.18)

I authorise the laboratory to perform any additional tests that may be necessary for the interpretation of the results.

I agree to pay the invoice for the analyses performed.

Results protocol to be sent to Dr .... (Note the surname, first name and address of the doctor indicated by the patient)	Patient's signature: