

	FORMULAIRE ANALYSES REQUESTED BY THE PATIENT			
	Identification F_MO_PREL_34_A	Approbateur Pierre BLONSKI	Date d'application 30/03/2026	Version 6



Date of request :

Social Security number :
(or date of birth)

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Patient's first name and birthname :

Marital name : **Sex** M F

Patient's address :

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Patient's telephone no. :

ANALYSES REQUESTED BY THE PATIENT

If a test for HIV, HCV or syphilis or a urine examination is requested, I authorise the laboratory to carry out any additional tests required to interpret the results.

- HIV : 11.66 € +/- 23.31 €
- HCV : 11.66 € +/- 23.31 €
- Syphilis : 11.66 € +/- 87.43 €
- Urinary sediment : 4.66 € +/- 34.97 €
- Urinary culture : 19.23 € +/- 20.40 €

In the absence of a valid prescription for the NSC, the cost of the sampling procedure will be invoiced in addition.

I agree to pay the invoice for the tests performed.

Transmission of the results protocol to the referring doctor at the CHL's National Infectious Diseases Department in the event of a positive HIV test result.	Patient's signature :
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