

 <b>PROCOLLAGEN-III-N-PEPTIDE (P3NP)</b> <b>REFERRAL REQUEST FORM</b>			
<b>HOSPITAL NUMBER</b>	<b>SURNAME</b>		<b>FORENAME</b>
<b>REFERRAL LAB NUMBER</b>	<b>D.O.B</b>	<b>GENDER</b>	<b>SPECIMEN DATE</b>
<b>NAME &amp; ADDRESS OF SENDER</b>		<b>CLINICAL DETAILS</b>	
<b>SIGNATURE OF SENDER</b>	<b>CONTACT NUMBER</b>	<b>KINGS LABORATORY NUMBER</b>	

**Please refer to website: [www.synnovis.co.uk](http://www.synnovis.co.uk) for more request forms**