eurofins | Biomnis

Test request form

HPV test for vaginal sampling or self-sampling (code HPVPV)

INTERNATIONAL DIVISION
17/19, avenue Tony Garnier - BP 7322 - 69357 Lyon cedex 07 • Tel.: +33 (0)4 72 80 23 85 • Fax: +33 (0)4 72 80 73 56
Email: international@biomnis.eurofinseu.com

PATIENT

First name: ..... Surname: .....

Maiden name: ..... Date of birth: |_|_| |_|_| |_|_|_|_|

PRESCRIBING CLINICIAN

First name(s): ..... Email: .....

Surname: .....

Address: ..... Date: |_|_| |_|_| |_|_|_|_|

.....

Post code: |_|_|_|_|_| City: .....

Country: .....

Tel: .....

Fax: .....

Signature

LABORATORY

Customer identification:

Name of the laboratory: .....

Address : .....

.....

Post code: |_|_|_|_|_| City: .....

Country: .....

Date and time of sampling:

|_|_| |_|_| |_|_|_|_| at |_|_| hrs |_|_| min.

PRESCRIPTION

PATIENT FROM 30 TO 65 YEARS OLD

ACCEPTED SAMPLE MEDIUM

- FLOQSwabs®, Copan

SHIPPING ARRANGEMENTS

- Use the dedicated red Eurofins Biomnis bag

CLINICAL COMMENTS / HISTORY

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Note: in case of a positive result, the patient will have to make an appointment with her health professional in order to perform a cervico-uterine sample for cytological examination.

B63-INTGB - October 2023