Laboratory Medicine

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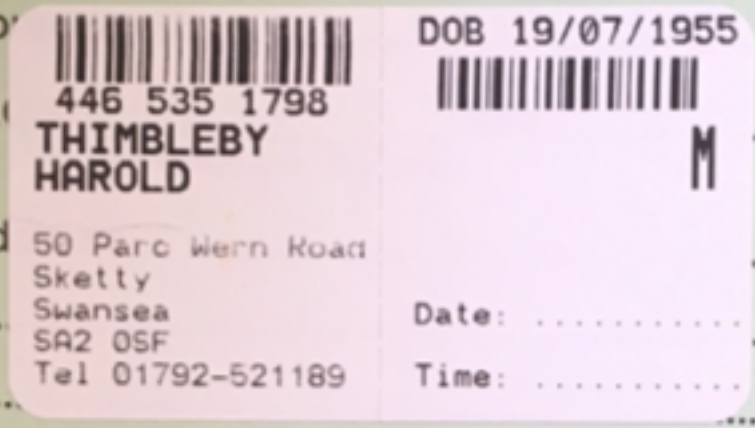

Consultant/GP:

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Copy of report (*if required*) to: