



## FORM 1

Please complete form 1, retain a copy for your records and take a copy with you to the lab.

**Full Name**

**Date of Birth**

dd / mm / yyyy

**Date of Sample**

dd / mm / yyyy

**Gender**

**FEMALE**

**Test Code**

**IK0F**

Please use this form and take to the clinic below. A blood draw charge of 25 pounds/euros will apply to be paid in cash to the clinic.

The Recovery Hub,  
Unit 8, 1A Hannahstown Business Park  
Belfast

Following your blood being drawn, please ensure the following:

- **Form 2** below is completed
- Blood tubes are labelled
- The Recovery Lab will send the samples for processing

Sincerely,

*PP: Kiran Mahboob*

Imran Khan  
Transform Now



## FORM 2

FAO The Recovery Hub – please ensure tubes are labelled and below details match the tubes.

**Full Name**

**Date of Birth**   
dd / mm / yyyy

**Date of Sample**   
dd / mm / yyyy

**Gender**   
**FEMALE**

**Test Code**   
**IK0F**

If you have any queries please contact us on the number below or email us at : [info@transformnow.co.uk](mailto:info@transformnow.co.uk)