

# Cellular Pathology

Enquiries - Tel 0161 419 5223 / 4674



FOR LABORATORY USE ONLY

## Patient Details (\*Indicates mandatory field)

Surname\*

NHS No.\*

Forename\*

District No.

D.O.B.\*

Sex\*

 M  F

Case Note No.

Address

  
  
  

Has consent been refused for the use of this tissue other than for diagnostic purposes?\*

No

Yes  Please give details below

Requesting Doctor\* (Print Name)

Sample Collected by\* (Signature)

Sample Collected by\* (Print Name)

Location\*

Contact Telephone No. / Bleep\*

## HISTOLOGY

Nature of Specimen

Site of Specimen

Priority\* Routine

Private

Urgent

Reason\*

Sample Time

Sample Date

Sample acceptance policy will be strictly applied

## NON-GYNAE CYTOLOGY

Nature of Specimen

Site of Specimen

Additional Slides?

## CLINICAL DETAILS

Please include all relevant clinical information

Macroscopic Description of Non-Gynaecology

## PREVIOUS BIOPSIES / SAMPLES

Please include the date and result where possible