

Histopathology Request Form

The Newcastle upon Tyne
Hospitals NHS Foundation Trust

Lab. No.

Specimen sent from: RVI NHS
 NGH PRIVATE
 FRH
 Dental Hospital
 Other: _____

Patient No.:	NHS No.:
Surname:	Forename:
Sex (M/F):	DOB:
Address:	
Postcode:	

Ward/Clinic/Theatre: _____

SPECIMEN DETAILS (Please indicate tissue type, site and procedure, e.g. Skin, left arm, punch biopsy)

1.	Tissue	Site	Procedure
2.			
3.			
4.			<i>Continue overleaf</i>

CLINICAL DETAILS (Including provisional diagnosis, description and relevant clinical history)

Risk of Infection? No Yes (Please attach appropriate sticker)
 Previous histology/cytology? No Yes: Specimen no.: _____
 Drugs (if relevant): _____ LMP (if relevant): DDMM

Cancer Waiting Time Specimen? No Yes

Report required: Today (even if out of hours) Within 24h by DDMMYY or X weeks

If a report is required within 48hours, it is essential that a pathologist is contacted: Tel. 24445 or Switchboard

Report to: Consultant: _____ Ward/Clinic: _____ Contact No. (if urgent): _____

Form completed by: _____ PRINT NAME LEGIBLY PLEASE **Date:** DDMMYY **Time of biopsy:** _____

Received: DD MM YYYY
 Assigned to:
 Typed by:
 Blocks cut:
 Issued:

Laboratory use only