

**AFFIX LABEL
OR USE
BALLPOINT PEN
BLOCK LETTERS**

**ROYAL VICTORIA INFIRMARY
CYTOLOGY**

**NON GYNAECOLOGICAL
SPECIMENS**
Newcastle upon Tyne Hospitals NHS Foundation
Trust

Surname: _____ Date _____ Time _____ Lab No. _____

Forename(s): _____ Sex _____
Specimen Details and examination required: _____

DOB _____ Patient No. _____

Hospital: Ward _____ NHS No. _____
Clinical details and suspected diagnosis: _____

Risk of Infection? No Yes -attach biohazard label

Cancer Waiting Time (CWT) Yes No

Requesting clinician signature..... Print name..... Contact No.....

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

Copy to GP? No Yes GP Practice Details:.....
DETAILS ON THIS FORM AND SAMPLE MUST BE COMPLETED CORRECTLY OR THE REPORT MAY BE DELAYED

Laboratory use only:
Macro: _____ Micro: _____ Date/time received: _____
Initials _____ Date/time issued: _____