**NuTH Renal EM Referrals**

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| **PATIENT DETAILS** | **REFERRER DETAILS** |
| **Surname:** Click here to enter text. | **Consultant:** Click here to enter text. |
| **Forename(s):** Click here to enter text. | **Hospital:** Click here to enter text. |
| **D.O.B:** Click here to enter text. | **Phone:** Click here to enter text. |
| **Hospital No.** Click here to enter text. | **NHS.NET email:** Click here to enter text. |
| **NHS No:** Click here to enter text. |
| **Patient Address:** Click here to enter text. |
| **Copy of results to:** Click here to enter text. |
| **Postcode:** Click here to enter text. |

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| **Local specimen number**  | Click here to enter text. |
| **Specimen type** (tick all that apply) | Renal - native [ ]   | Renal - Transplant requiring PTC screen [ ]   |
| **Clinical details**  | Click here to enter text. |
| Please ensure that all available clinical details including the **histopathology report** are provided.Failure to provide correct sample and required patient and clinical information may result in a delay to the request. |

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| **EM SERVICES**  |
| **Sample type** |  [ ]  Wet tissue  |  [ ]  FFPE block (with stained slide representative of tissue block) |
|  [ ]  Full EM work-up. *Processing, ultra-sectioning, imaging and storage of tissue.* [ ]  Full EM work-up + reporting. *As above plus pathologist report.*   [ ]  EM work-up + reporting (samples previously processed & stored at NuTH). *As above plus pathologist report.*   [ ]  Process and storage only. |

**Please send samples to:** Cellular Pathology, New Victoria Wing – Level 3, Royal Victoria Infirmary,

 Queen Victoria Road, Newcastle upon Tyne, NE1 4LP

**Contact for enquires:** Tel: **0191 2824630**

 Email: nuth.emcellularpathology@nhs.net