**NuTH Renal EM Referrals**

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

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| **Local specimen number**  |  |
| **Specimen type** (tick all that apply) | Renal - native [ ]   | Renal - Transplant requiring PTC screen [ ]   |
| **Clinical details**  |  |
| 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