

# HISTOPATHOLOGY REQUEST FORM

Dept. Cellular Pathology, Queen Elizabeth Hospital  
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Tel. 0121 371 3326 or Fax. 0121 371 3333

Path.		Rec'd	
Parts		<b>LABORATORY NUMBER</b>	
Type			

## Patient Details (please complete ALL fields)

**Surname :** \_\_\_\_\_ **Forename :** \_\_\_\_\_  
**Reg. No / NHS No :** \_\_\_\_\_ **Date of Birth :** \_\_\_\_\_ **Sex :** \_\_\_\_\_  
M / F / U  
**Address :** \_\_\_\_\_  
**Postcode :** \_\_\_\_\_  
**Patient Category :** NHS / Private Patient

**Date and Time Specimen Collected :**  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_ : \_\_\_\_ hours  
**Hospital / Practice (and code) :** \_\_\_\_\_  
**Ward / Dept. :** \_\_\_\_\_  
**Consultant / GP :** \_\_\_\_\_  
**Frozen / Urgent specimens Contact number:** \_\_\_\_\_

## NATURE AND SITE OF SPECIMEN:

## CLINICAL HISTORY:

(history, clinical findings, relevant investigations and previous treatment, previous histology / cytology results, presumptive clinical diagnosis)

**Requesting RMO: GMC / GDC No.** \_\_\_\_\_ **Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

## LABORATORY USE ONLY:

Trimmed By : \_\_\_\_\_ / \_\_\_\_\_ Date Trimmed : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Photographed : Yes / No X-Rayed : Yes / No  
Decals : Yes / No Fresh Tissue Taken : Yes / No

Macroscopic Description :

Booked in: \_\_\_\_\_ Procedures: \_\_\_\_\_

Cut By : \_\_\_\_\_ Checked By : \_\_\_\_\_ Micro. Check : \_\_\_\_\_

## LAB USE ONLY:

Part	Blocks	AE/RS	Lev

Special Instructions:

**DO NOT PHOTOCOPY THIS FORM**

Additional copies can be downloaded from [www.uhb.nhs.uk/laboratory-request-forms.htm](http://www.uhb.nhs.uk/laboratory-request-forms.htm)