

# HISTOPATHOLOGY REQUEST

Dept. Cellular Pathology, Queen Elizabeth Hospital  
Birmingham, UHB NHS Foundation Trust,  
Mindelsohn Way, Edgbaston, Birmingham, B15 2WB  
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 OF SPECIMEN: (Please tick)

<i>Liver</i>	<i>Transplant</i>	<input type="checkbox"/>
	<i>Medical/non-lesional liver</i>	<input type="checkbox"/>
	<i>Lesion likely primary</i>	<input type="checkbox"/>
	<i>Lesion likely metastasis</i>	<input type="checkbox"/>
<i>Renal</i>	<i>Transplant</i>	<input type="checkbox"/>
	<i>Medical</i>	<input type="checkbox"/>

## CLINICAL HISTORY:

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

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

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

## LAB USE ONLY:

Part	Blocks	AE/RS	Lev

Special Instructions: