

HISTOLOGY REQUEST

Client Case number 20S000 3456	Urgent – Date Required	Referred Under Cancer Target	
BLOCK CAPITALS PLEASE		OFFICE/LAB USE ONLY LAB NO:	
HOSPITAL/GP SURGERY		Visiopath Number <i>20VP7</i>	
WARD/ DEPARTMENT..... CONSULTANT/GP		Received date <i>2/2/2020</i>	
PATIENT DETAILS NHS NO: <i>556778990</i> HOSPITAL NO: <i>D 345698</i> SURNAME: <i>KING</i> FIRST NAME..... ADDRESS: DOB: <i>5/2/64</i> SEX: M/F <i>(circle)</i>			
NATURE & SOURCE OF SPECIMEN <i>Skin Back</i>	DATE/TIME TAKEN <i>1/2/2020</i>	BANDING PATHOLOGIST/ BMS/HCSW <i>SJ</i>	
		BAND A	
		BAND B	
		BAND C	
		REPORTING PATHOLOGIST (INITIALS) <i>HOE</i>	
CLINICAL DETAILS 1. Skin excision - <i>Left back</i> ? BCC 2. Skin punch biopsy <i>right back</i> ? BCC		DISSECTOR	
		CUT-UP ASSISTANT	
		HSREQ	
		CPRES (NAKED EYE)	
		EMBEDDOR	
		MODULE NO:	
		QUALITY ASSESSOR	
		REPORT TYPED & DATE	
REQUESTOR'S SIGNATURE <i>[Signature]</i>			

