Request for examination
HISTOLOGY
My Hospital Name reasonable length

Date/Time Collected
Laboratory Number
This request is;
Urgent pathway;
Routine;
Urgent;
2 WW;
Patient Category
NHS or PP   IP or OP or DC

Name:	**Ogd 7 Nedtest**	Address:
Date of birth (age):	**01/01/1944 (80)**	
Gender:	**Female**	
	Outpatient (Not Available)	
Referring Consultant:	**GP**	
GP Practice:	**Dr S AGARWAL**	

Waverley Gate
40 Waterloo Place
Edinburgh
EH1 3EG

ABERCYNON HEALTH CENTREABERCYNON
HEALTH CENTRE,
YNYSMEURIG ROAD,
ABERCYNON,
MID GLAMORGAN,
CF45 4YB

Investigations Required

Container ID   *Specimens*

2 biopsies from (1) Bladder

Clinical Findings
Indications
Allergies: none
ASA Status: ASA II - Patient has mild systemic disease

Report
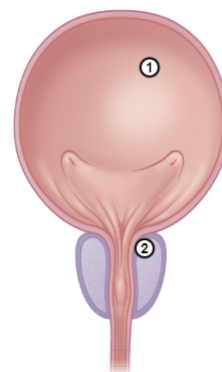Pre-procedure checklist completed
The patient has given consent
1
Procedure Type: Flexi

Follow up
Awaiting pathology results.

Previous biopsy numbers

For Lab Use

Date/time rec'd   COPY TO

Date Reported

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this form/layout are required.
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Signature _____

Mr Simon McAllister, MBB
Consultant Surgeon

Request for examination
CYTOLOGY
My Hospital Name reasonable length

Date/Time Collected
Laboratory Number
This request is;
Urgent pathway;
Routine;
Urgent;
2 WW;
Patient Category
NHS or PP   IP or OP or DC

Name: **Ogd 7 Nedtest**
Date of birth (age): **01/01/1944 (80)**
Gender: **Female**
Outpatient (Not Available)
Referring Consultant: **GP**
GP Practice: **Dr S AGARWAL**
ABERCYNON HEALTH CENTREABERCYNON
HEALTH CENTRE,
YNYSMEURIG ROAD,
ABERCYNON,
MID GLAMORGAN,
CF45 4YB
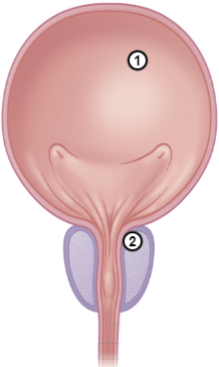
Address: **Waverley Gate**
40 Waterloo Place
Edinburgh
EH1 3EG

Investigations Required

Container ID   Specimens

4 biopsies from (1) bladder

Clinical Findings
Indications
Allergies: none
ASA Status: ASA II - Patient has mild systemic disease

Report
Pre-procedure checklist completed
The patient has given consent
1
Procedure Type: Flexi

Follow up
Awaiting pathology results.

Previous biopsy numbers

For Lab Use

Date/time rec'd

Date Reported

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Signature _____
Mr Simon McAllister, MBB
Consultant Surgeon