

Uralensis Inov8 Pathology Services

Brooklands Road, Manchester, M23 9HE

Client: Everything Skin Clinic Cheadle, Suite B Haw Bank House, 2 High Street, Cheadle, SK8 1AL

Request Form		All fields marked * are essential	
NHS NUMBER* <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		Sample Date* <div style="border: 1px solid black; padding: 2px;">21/04/22</div>	
Mr Andrew Pollard (ID: 10293) DOB: 26/06/1964 Everything skin clinic 21/04/22 @ 12:05 Dr Vishal Madan		Sample Time <div style="border: 1px solid black; padding: 2px;">12:05</div>	
ADDRESS (first line) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		SIGNATURE* <div style="border: 1px solid black; height: 40px; width: 100%; position: relative;"> </div>	
ADDRESS (second line) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		SAMPLED BY*: (please print) <div style="border: 1px solid black; padding: 2px;">Dr Vishal Madan</div>	
POST CODE <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		DATE OF BIRTH* <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	
Source* (Ward/Department/GP Practice) EVERYTHING SKIN CLINIC Consultant/GP: Dr Vishal Madan		<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> 2WW	
COPY TO <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		Hospital Number * <div style="border: 1px solid black; padding: 2px;">0</div>	
NAME <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		SEX* M <input type="checkbox"/> F <input type="checkbox"/> NHS <input type="checkbox"/>	
ADDRESS <div style="border: 1px solid black; height: 15px; width: 100%;"></div>		PRIVATE <input checked="" type="checkbox"/>	

Specimen Type and Clinical Details	
SKIN SWAB left ear helix Curettage	Ak

Lab use only:		DATE RECEIVED	TIME RECEIVED (24 HR)
		<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 2px;">H H M M</div>
No. Blocks		Cut up by	Assisted by
No. Pieces		1	
HE	X3	2	

INSURED PATIENT BUPA. membership number 2028139690
 authorisation code 60526325