

Uralensis Inov8 Pathology Services

Brooklands Road, Manchester, M23 9HE

2P

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

Request Form		Sample Date* Sample Time											
<p>NHS NUMBER* <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> </p> <p>SURNAME* Mr Peter Baldwin (ID: 3676) DOB: 21/01/1966 Everything skin clinic 06/06/22 @ 10:20 Dr Vishal Madan Excision x 2 </p> <p>ADDRESS (second line) <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> </p> <p>POST CODE DATE OF BIRTH* <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> </p> <p>Source* (Ward/Department/GP Practice) EVERYTHING SKIN CLINIC Consultant/GP Dr Vishal Madan </p> <p>Hospital Number * <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> </p> <p>COPY TO <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> </p> <p>NAME SEX* M <input type="checkbox"/> F <input type="checkbox"/> NHS <input type="checkbox"/> <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> </p> <p>ADDRESS <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> </p>		<p>SIGNATURE* <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> </p> <p>SAMPLED BY*: (please print) <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> 2WW <div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> </p> <p>Specimen Type and Clinical Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">excision left shoulder</td> <td style="width: 50%; padding: 5px;">BCC</td> </tr> <tr> <td style="width: 50%; padding: 5px;">excision left lower back</td> <td style="width: 50%; padding: 5px;">Atypical melanoma</td> </tr> <tr> <td style="width: 50%; padding: 5px;"> </td> <td style="width: 50%; padding: 5px;"> </td> </tr> <tr> <td style="width: 50%; padding: 5px;"> </td> <td style="width: 50%; padding: 5px;"> </td> </tr> <tr> <td style="width: 50%; padding: 5px;"> </td> <td style="width: 50%; padding: 5px;"> </td> </tr> </table>		excision left shoulder	BCC	excision left lower back	Atypical melanoma						
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Lab use only:		DATE RECEIVED	TIME RECEIVED (24 HR)
		<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div>	<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div>
No. Blocks		Cut up by	Assisted by
No. Pieces		1	
HE	X3	2	
<p>Please bill: Insurer <input checked="" type="checkbox"/> Clinic <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Insured by: <i>Vitality Health</i></p> <p>Membership Number: <i>1223397488</i></p> <p>Authorisation Number: <i>10097408</i></p>			