## **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 *		Sample Date*	Sample Time
Everything 21/06/2	DATE OF BIRT	4/1997  S  H*  ctice)	SAMPLED BY*: (please MCMULLEN  Specimen Type  US Shave	print)  Routine  Urgent  2WW  and Clinical Details  Left flank
ADDRESS	31	PRIVATE D		
Lab use only:	DATE RECEIVE	D	TIME RECEIVED (	24 HR)
No. Blocks		Cut up by	Assisted by	
No. Pieces		1		
HE	Х3	2		
Please bill: Insured by: Membership N Authorisation		Clinico	Other O	