


# Uralensis Inov8 Pathology Services

Brooklands Road, Manchester, M23 9HE

Client: Lumiere Clinic 38 City Road East, Manchester M15 4QN

| Request Form  |   | All fields marked * are essential |  |
|---|---|-----------------------------------|--|
| <p>NHS NUMBER*<br/>PRIVATE</p> <p>SURNAME*<br/>STEAD</p> <p>FORENAME*<br/>LEON</p> <p>ADDRESS (first line)<br/>7 SWANHILL LANE</p> <p>ADDRESS (second line)<br/>PONTEFRAC</p> <p>POST CODE<br/>WF8 2SG</p> <p>DATE OF BIRTH*<br/>09/01/1999</p> <p>Source* (Ward/Department/GP Practice)<br/>LUMIERE CLINIC</p> <p>Consultant/GP<br/>DR KIAN TAN</p> <p>Hospital Number*<br/>Lumiere Clinic 38 City Road East<br/>Manchester M15 4QN<br/>Phone: 0161 236 6500<br/>Email: info@lumiereclinic.co.uk</p> | <p>Sample Date*<br/>31 05 22</p> <p>Sample Time<br/>15 30</p> <p>SIGNATURE*<br/></p> <p>SAMPLED BY*: (please print)<br/>TAN</p> <p> <input type="checkbox"/> Routine<br/> <input checked="" type="checkbox"/> Urgent<br/> <input type="checkbox"/> 2WW         </p> <p>Specimen Type and Clinical Details<br/>           EXCISION OF<br/>           LESION RIGHT - ? sebaceous<br/>           CHEEK cyst         </p> |                                   |  |
| <p>NAME<br/>Lumiere Clinic</p> <p>ADDRESS<br/>38 City Road East<br/>Manchester M15 4QN<br/>Phone: 0161 236 6500<br/>Email: info@lumiereclinic.co.uk</p>   | <p>SEX*<br/>M <input checked="" type="checkbox"/> F <input type="checkbox"/></p> <p>PRIVATE <input checked="" type="checkbox"/> NHS <input type="checkbox"/></p>  |                                   |  |

| Lab use only: | DATE RECEIVED  | TIME RECEIVED (24 HR)  |
|---------------|--|--|
|               | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> |