

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*

Mrs Elizabeth Greaves (ID: 9195)

DOB - 24/07/1975

Sample taken on 28/4/22 @ 10:05am

Excision x 1

EverythingSkin Clinic

Dr Vishal Madan

ADDRESS (first line)

ADDRESS (second line)

POST CODE

DATE OF BIRTH*

Source* (Ward/Department/GP Practice)

EVERYTHING SKIN CLINIC

Consultant/GP

Dr Vishal Madan

Hospital Number *

COPY TO

NAME

ADDRESS

SEX*

M ☐

PRIVATE ☒

F ☐

NHS ☐

Sample Date*

28 04 22

Sample Time

10 15

SIGNATURE*

[Signature]

STICK
BIOHAZARD
LABEL HERE

SAMPLED BY*: (please print)

Dr Vishal Madan

☒ Routine

☐ Urgent

☐ 2WW

Specimen Type and Clinical Details

excision -
back

BCC

Specimen 2

Specimen 3

Specimen 4

Lab use only:

DATE RECEIVED

0 0 M M Y Y Y Y

TIME RECEIVED (24 HR)

H H M M

No. Blocks		Cut up by	Assisted by
No. Pieces		1	
HE	X3	2	

Please bill:

Insurer ☒

Clinic ☐

Other ☐

Insured by: Axa

Membership Number: 6626243M

Authorisation Number: ED C2961