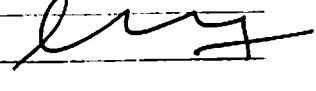


Uralensis Inov8 Pathology Services

Brooklands Road, Manchester, M23 9HE

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

Request Form		All fields marked * are essential	
NHS NUMBER*		Sample Date*	
PRIVATE		040622	
SURNAME*		Sample Time	
JAVES		1500	
FORENAME*		SIGNATURE*	
ERIN			
ADDRESS (first line)		SAMPLED BY*: (please print) <input checked="" type="checkbox"/> Routine	
17 LINKS AVENUE		<input type="checkbox"/> Urgent	
ADDRESS (second line)		<input type="checkbox"/> 2WW	
MANCHESTER		Specimen Type and Clinical Details	
POST CODE	DATE OF BIRTH*	Shave	
M35 0PE	20071988	excision	
Source* (Ward/Department/GP Practice)		Benign	
LUMIERE CLINIC		naevus	
Consultant/GP		① cheek	
N CHIANG			
Hospital Number *			
COPY TO			
Lumiere Clinic 38 City Road East Manchester M15 4QN Tel: 0161 236 6500 Email: info@lumiereclinic.co.uk		SEX* <input checked="" type="checkbox"/> M PRIVATE <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> NHS	

Lab use only:	DATE RECEIVED	TIME RECEIVED (24 HR)