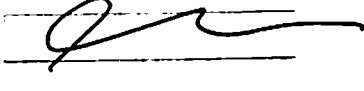


Uralensis Inov8 Pathology Services

Brooklands Road, Manchester, M23 9HE

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

Request Form		Sample Date*	Sample Time
All fields marked * are essential		010622	1345
NHS NUMBER*		SIGNATURE*	
PRIVATE			
SURNAME*		SAMPLED BY*: (please print)	
RACE		Dr Chiang	
FORENAME*		<input checked="" type="checkbox"/> Routine	
MARTINA		<input type="checkbox"/> Urgent	
ADDRESS (first line)		<input type="checkbox"/> 2WW	
215 PEELE RD		Specimen Type and Clinical Details	
ADDRESS (second line)		SHAVE EXCISION	
		FOREHEAD.	
POST CODE		Benign mole	
M30 7BR			
DATE OF BIRTH*			
22041984			
Source* (Ward/Department/GP Practice)			
LUMIERE CLINIC			
Consultant/GP			
NICOLE CHIANG.			
Hospital Number *			
0			
COPY TO			
NAME			
Lumiere Clinic			
ADDRESS			
38 City Road East			
Manchester M15 4QN			
Tel: 0161 236 6500			
Email: info@lumiereclinic.co.uk			
SEX*			
M			
PRIVATE			
F			
NHS			
Lab use only:		TIME RECEIVED (24 HR)	
DATE RECEIVED			