

Uralensis Innov8 Pathology Services

305 Brooklands Road, Manchester, M23 9HE

Clinic Name & Address: Discover Laser Medical Skin Clinic - Crow Wood, Royle Lane, Burnley BB12 0RT

Request Form

All fields marked * are essential

NHS NUMBER*

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SURNAME*

R	O	T	H	W	E	L	L												
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FORENAME*

S	U	S	A	N															
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ADDRESS (first line)

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ADDRESS (second line)

R	O	C	H	D	A	L	E												
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POST CODE

0	4	1	2	6	P	B
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DATE OF BIRTH*

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Source* (Ward/Department/GP Practice)

D	I	S	C	O	V	E	R												
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Consultant/GP:

D	R																		
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Hospital Number *

0	3	4	8	8	7	3													
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COPY TO

NAME

ADDRESS

SEX*

M ☐

PRIVATE ☒

F ☒

NHS ☐

Sample Date*

2	0	0	8	1	9	4	8
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Sample Time

1	1	0					
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SIGNATURE*

<i>[Signature]</i>

SAMPLED BY*: (please print):

<i>[Signature]</i>

☐ Routine

☐ Urgent

☐ 2WW

Specimen Type and Clinical Details

Not debulk R temple	BCC

Lab use only:

DATE RECEIVED

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TIME RECEIVED (24 HR)

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