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 Michelle Lake (ID: 11113)
DOB: 01/05/1982
Dr Vishal Madan, Everything Skin Clinic
30/05/22 at 18:00
Specimens x 3

ADDRESS (first line)

ADDRESS (second line)

POST CODE

DATE OF BIRTH*

Source* (Ward/Department/GP Practice)

EVERYTHING SKIN CLINIC

Consultant/GP

Hospital Number *

COPY TO

NAME

ADDRESS

SEX* M ☐ F ☐

PRIVATE ☑

NHS ☐

Sample Date* 30/05/22

Sample Time 18:30

SIGNATURE*

SAMPLED BY*: (please print) Dr V Madan

☐ Routine
☐ Urgent
☑ 2WW

Specimen Type and Clinical Details	
excision Left flank Under abdomen	Atypical naevus
excision right thigh	? MM
excision left lower back	Atypical naevus

Lab use only:

DATE RECEIVED

TIME RECEIVED (24 HR)

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

Please bill: Insurer ○ Clinic ○ Other ○.....

Insured by:

Membership Number:

Authorisation Number: