## **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		Sample Date*	Sample Time
Mr Anthony Osborne (ID: 10625) DOB - 04/07/1980 Sample taken on 25/4/22 @ 17:45pm Excision			SIGNATURE*	LICHAZARO LABLITIA
ADDRESS (first line)  ADDRESS (second li  POST CODE  Source* (Ward/De  EVERYTHING SKIN  Consultant/GP  Dr Vishal Madan  COPY TO  NAME	DATE OF BIRT Department/GP Pra CLINIC Hospital N	ctice)  umber *	SAMPLED BY*: (pleas Dr Vishal Madan  Specimen Typ  EXCLUSION  Appendix Appe	e print) Routine Urgent 2WW e and Clinical Details PSOURCE
ADDRESS		PRIVATE ☑ F□ NHS □		
Lab use only:	DATE RECEIVE	ED Y Y Y	TIME RECEIVED	(24 HR)
No. Blocks		Cut up by	Assisted by	
No. Pieces		1		
НЕ	Х3	2		
Please bill: Insured by: Membership I Authorisation		Clinic	⊘ Other □	