

Uralensis Inov8 Pathology Services

Brooklands Road, Manchester, M23 9HE

2P

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

Request Form

All fields marked * are essential

NHS NUMBER*

PRIVATE

SURNAME*

HAMNETT

FORENAME*

DOROTHY

ADDRESS (first line)

116 BENT LANES

ADDRESS (second line)

POST CODE

M41 8NY

DATE OF BIRTH*

28071935

Source* (Ward/Department/GP Practice)

LUMIERE CLINIC

Consultant/GP

NICOLE CHANG.

Hospital Number *

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

Sample Date*

010622

Sample Time

1250

SIGNATURE*

SAMPLED BY*: (please print)

Dr Chiang

☐ Routine

☒ Urgent

☐ 2WW

Specimen Type and Test Details

① Right cheek

keratotic plaque
exclude
SCC/melanoma

② Right NECK

?AK ?BCC

Patient had previous
Melanoma

(R) cheek

Lab use only:

DATE RECEIVED

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TIME RECEIVED (24 HR)

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