

HISTOLOGY SPECIMEN CHECKLIST Dermatology Clinics

ORGAN	GANISATION LUMIERE CLINIC CHECKLIST REF NO.				T REF NO.	LC00505	
CLINIC	31/05/22 CLINICIAN DR NICOLE		COURIER COLLECTION				
DATE	CLINIC			DATE (DISBATCH)		LADODATO	NDV
	Patient Name Label			Specimen Nurse Initials		LABORATORY Confirmation/ Lab	
No.	racient Name Labei			Pots (No.)	Nurse initials	Histology No.	Initials
1	Leon Stead DOB 09/01/1999			1	AT		
2							
3							
4							
5							
6							
7		Uralensis I	nnov8 Ltd ISO9001	Updated Ja	n 2021 Version	3	