


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 | | Sample Date* | Sample Time |
|---|--|--|-------------|
| All fields marked * are essential | | 07/05/22 | 10:20 |
| NHS NUMBER* | | SIGNATURE* | |
| Miss Ellie Osborne (ID: 10864) | |  | |
| DOB - 14/02/1999 | | SAMPLED BY*: (please print) | |
| Sample taken on 07/05/22 @ 10:20am | | Dr Vishal Madan | |
| Everything Skin Clinic - Dr Madan | | <input type="checkbox"/> Routine | |
| Punch biopsy x 1 | | <input checked="" type="checkbox"/> Urgent | |
| ADDRESS (first line) | | <input type="checkbox"/> 2WW | |
| ADDRESS (second line) | | Specimen Type and Clinical Details | |
| POST CODE | | punch bx - | |
| DATE OF BIRTH* | | back of left thigh | |
| Source* (Ward/Department/GP Practice) | | Pityriasis | |
| EVERYTHING SKIN CLINIC | | rash | |
| Consultant/GP | | ?OLC / psoriasis | |
| Dr Vishal Madan | | Specimen 2 | |
| Hospital Number * | | Specimen 3 | |
| 0 | | Specimen 4 | |
| COPY TO | | | |
| NAME | | | |
| ADDRESS | | | |
| SEX* M <input type="checkbox"/> | | | |
| PRIVATE <input checked="" type="checkbox"/> | | | |
| F <input type="checkbox"/> | | | |
| NHS <input type="checkbox"/> | | | |

| 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 <input checked="" type="checkbox"/> Clinic <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| Insured by: BUPA | | | |
| Membership Number: 0514811999 | | | |
| Authorisation Number: 60751204 | | | |