


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

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Request Form		All fields marked * are essential											
NHS NUMBER*		Sample Date* 050522											
Mrs Stephanie Pollock (ID: 10022) DOB: 10/03/1966 Everything skin clinic 05/05/22 @11:05 Dr Vishal Madan Excision - frontal parietal		Sample Time 1120											
ADDRESS (first line)		SIGNATURE* 											
ADDRESS (second line)		SAMPLED BY*: (please print) Dr Vishal Madan											
POST CODE		<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> 2WW											
DATE OF BIRTH*		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 5px;">Specimen Type and Clinical Details</th> </tr> </thead> <tbody> <tr> <td style="width: 70%; padding: 5px;">Excision - frontal scalp</td> <td style="width: 30%; padding: 5px;">Ruler yr</td> </tr> <tr> <td style="padding: 5px;">Excision - parietal scalp</td> <td style="padding: 5px;">do -</td> </tr> <tr> <td style="padding: 5px;">Specimen 3</td> <td></td> </tr> <tr> <td style="padding: 5px;">Specimen 4</td> <td></td> </tr> </tbody> </table>		Specimen Type and Clinical Details		Excision - frontal scalp	Ruler yr	Excision - parietal scalp	do -	Specimen 3		Specimen 4	
Specimen Type and Clinical Details													
Excision - frontal scalp	Ruler yr												
Excision - parietal scalp	do -												
Specimen 3													
Specimen 4													
Source* (Ward/Department/GP Practice)													
EVERYTHING SKIN CLINIC													
Consultant/GP													
Dr Vishal Madan													
Hospital Number *													
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: 0116865367					
Authorisation Number: 60298484					