

# 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											
<p style="text-align: center;">All fields marked * are essential</p> <p>NHS NUMBER* _____</p> <p><b>Mr Stephen Latimer (ID: 8535)</b></p> <p><b>DOB - 03/07/1950</b></p> <p><b>Sample taken on 07/05/22 @ 13:10</b></p> <p><b>Punch Biopsy x1</b></p> <p><b>Everything Skin Clinic - Dr Madan</b></p>		<p>07/05/22      13:10</p>											
<p>ADDRESS (first line)</p> <p>_____</p> <p>ADDRESS (second line)</p> <p>_____</p> <p>POST CODE      DATE OF BIRTH*</p> <p>_____      _____</p> <p>Source* (Ward/Department/GP Practice)</p> <p>EVERYTHING SKIN CLINIC</p> <p>Consultant/GP</p> <p>Dr Vishal Madan</p> <p>Hospital Number *</p> <p>0 _____</p>		<p>SIGNATURE* _____</p> <p>SAMPLED BY*: (please print)</p> <p>Dr Vishal Madan</p> <p><input type="checkbox"/> Routine <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> 2WW</p>											
<p>COPY TO</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>SEX*      M <input type="checkbox"/>      F <input type="checkbox"/>      NHS <input type="checkbox"/></p> <p>PRIVATE <input checked="" type="checkbox"/></p>		<p style="text-align: center;">Specimen Type and Clinical Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Punch biopsy right forehead</td> <td style="width: 50%; padding: 5px;">BCC</td> </tr> <tr> <td style="padding: 5px;">Specimen 2</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Specimen 3</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Specimen 4</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table>		Punch biopsy right forehead	BCC	Specimen 2		Specimen 3		Specimen 4			
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Specimen 4													

Lab use only:		DATE RECEIVED		TIME RECEIVED (24 HR)	
		_____		H H M M	
No. Blocks		Cut up by		Assisted by	
No. Pieces		1			
HE	X3	2			

Please bill:    Insurer ☒    Clinic ☐    Other ☐ .....

Insured by: BUPA

Membership Number: 0517246238

Authorisation Number: 60821024