## **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  All fields marked * are ess  NHS NUMBER*	Sample Date* Sample Time
Mrs Rosalind Benjamin (ID: 10578) DOB-10/03/1947 Sample taken on 30/05/22 @ 11:45am	
Everything Skin Clinic - Dr V Madan  ADDRESS (first line)  ADDRESS (second line)  POST CODE DATE OF BIRTH*  Source* (Ward/Department/GP Practice) EVERYTHING SKIN CLINIC Consultant/GP Dr Vishal Madan  Hospital Numbe  COPY TO  NAME  SEX*	SAMPLED BY*: (please print)  Dr Vishal Madan  Specimen Type and Clinical Details  Punch bx -  Right upper Lip  AL BCC
	NHS 🗆
Lab use only:  DATE RECEIVED  TIME RECEIVED (24 HR)	
No. Blocks Cut u	p by Assisted by
No. Pieces 1	
HE X3 2	
Please bill: Insurer Clinic Other Insured by: BUPA  Membership Number: 6057533109  Authorisation Number: 60909292	