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 essential	Sample Date*	Sample Time
NHS NUMBER*			060622	1420
Mr Matthew Hardman (ID: 10550)			SIGNATURE*	Dining ann
DOB:02/09/1977 Everything skin clinic 06/06/22 @ 14:15				
Dr Vishal Madan			SAMPLED BY*: (please print) Routine	
Excision × 3			Dr Vishal Madan	□ Urgent
				□ 2WW
ADDRESS (second line)			Specimen Type and Clinical Details	
			Posterior	A) D00
POST CODE DATE OF BIRTH*				Alan
D D M M V Y Y Y			excoion -	B ugs
Source* (Ward/Department/GP Practice)			Frontal Sca	ale di
EVERYTHING SKIN CLINIC Consultant/GP				- 45
5-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			Lateral to	
Dr Vishal Madan Hospital Number *			Clorontal Sca	
COPY TO Specimen 4				
NAME		EX* M		
ADDRESS		PRIVATE Z		
ADDICESS		F		
		NHS 🗌		
Lab use only: DATE RECEIVED TIME RECEIVED (24 HR)				
No. Blocks		Cut up by	Assisted by	
No. Pieces		1		
не	Х3	2		
Please bill: Insurer Clinic Other				
Insured by: BOPA Membership Number: 0040837808				
Membership I	Number:	4087	7 0 0 0	
Authorisation Number: 60761504				