

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

NHS NUMBER*

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CLINIC NAME*

Mr Michael Henshaw (ID: 11088)

DOB: 23/02/1953

Everything skin clinic 30/05/22 @13:00

Dr Vishal Madan

Excision

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ADDRESS (second line)

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POST CODE

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DATE OF BIRTH*

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Source* (Ward/Department/GP Practice)

EVERYTHING SKIN CLINIC

Consultant/GP

Dr Vishal Madan

Hospital Number *

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COPY TO

NAME

ADDRESS

SEX* M ☐

PRIVATE ☒

F ☐

NHS ☐

Sample Date*

300522

Sample Time

1255

SIGNATURE*



SAMPLED BY*: (please print)

Dr Vishal Madan

☐ Routine

☐ Urgent

☒ 2WW

Specimen Type and Clinical Details

EXCISION -
left arm

? SCC

Lab use only:

DATE RECEIVED

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TIME RECEIVED (24 HR)

H	H	M	M
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No. Blocks		Cut up by	Assisted by
No. Pieces		1	
HE	X3	2	

Please bill: Insurer ☒ Clinic ☐ Other ☐

Insured by: BUPA

Membership Number: 3378000250

Authorisation Number: 60911646