

Histopathology Request Form

Please fax this form to +44 (0)20 7636 9929

For enquiries, call +44 (0)20 7636 9447

NATURE OF SPECIMENS	HISTOPATHOLOGY REQUEST	CYTOLOGY REQUEST
	PATIENT DETAILS	
	TITLE	SURNAME
	FORENAME	
	DATE OF BIRTH	
	HOSPITAL NO	
	ROOM NO OR DEPT	
	DOCTORS NAMES	
CLINICAL DETAILS	INVOICE DETAILS	
	PATIENT'S ADDRESS	
	POST CODE	
	TEL NO	
PREVIOUS PATH NO (IF RELEVANT)	DOCTOR <input type="checkbox"/>	INSURANCE CO
	PATIENT <input type="checkbox"/>	INSURANCE NO
	OTHER <input type="checkbox"/>	
DOCTOR'S SIGNATURE		
DATE TAKEN		
LABORATORY USE ONLY CHARGE CODE		