

BIOPSY/CYTOPATHOLOGY REQUEST FORM
 DIRECTORATE OF LABORATORY MEDICINE - PATHOLOGY DEPARTMENT
 NHS Lothian

Lab No. _____

Please use Printed Label M / F

CHI No. _____

Surname _____

Forename(s) _____

Date of Birth _____

Address _____
 _____ Post Code _____

SEND REPORT TO:

Consultant _____
(Full name please)

Ward/Location _____

Hospital/Site _____

Private Patient Y / N

Previous Biopsy/
 Cytopathology Y / N

Ref. No.

Obstetric/Gynae. Patients

LMP _____ Cycle _____

Parity _____ Hormone R. _____

Nature of Specimen _____

Provisional Diagnosis _____

Clinical Summary _____ Date _____ Time _____

Signature _____ Name (BLOCK CAPITALS) _____

Contact for Urgent Report Bleep No _____ Tel Ext No _____

Code and WLS:	Trim authorisation stamp	FOR LABORATORY USE ONLY							
Telephoned Report Y / N Date _____		Macro / Comments							
Given To _____ Given By _____									
Précis of Report:									
Date and Time Stamp	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td align="center">LAB QC</td></tr> <tr><td>APEX</td></tr> <tr><td>BENCH No.</td></tr> <tr><td>CHECK</td></tr> <tr><td align="center">OFFICE QC</td></tr> <tr><td>COMPLETE</td></tr> </table>	LAB QC	APEX	BENCH No.	CHECK	OFFICE QC	COMPLETE		
LAB QC									
APEX									
BENCH No.									
CHECK									
OFFICE QC									
COMPLETE									

SPECIMENS MUST BE ACCOMPANIED BY A COMPLETED REQUEST FORM

WHERE POSSIBLE USE AN UP-TO-DATE DEMOGRAPHIC LABEL

WHERE LABELS ARE NOT AVAILABLE THE EQUIVALENT INFORMATION MUST BE COMPLETED BY HAND IN BLOCK LETTERS

FORMS MUST CONTAIN :

1. CHI Number (preferred) OR Hospital Number OR Patient's Home Address OR Patient's Home Post Code
2. Surname
3. Forename(s)
4. Date of Birth
5. Sex
6. Location
7. Name of requesting clinician
8. Name of consultant
9. Date of request
10. Relevant clinical information

SPECIMEN LABELS MUST HAVE:

1. Name
2. CHI or Hospital Number
3. Nature of Specimen
4. Source (Hospital and Ward)
5. Time
6. Date