

Histology Specimen Request Form

*Mandatory Fields

Place External Order Barcode here if applicable:

Hospital Name *: _____

Number of Pots *: _____

Please tick: ROUTINE: ☐ URGENT: ☐

Patient's Surname *:			
Title:			
Other Names *:			
Sex *:			
Date of Birth*:			
Hospital Number/Patient ID*:			
Consultant/Clinician Full Name*:			
Date & Time of Specimen*:			
Specimen Type & Site*:			
Clinical Details:			
Previous Histology/Cytology No. (if relevant): _____			
Invoicing (Tick box if appropriate)	Insurer: ☐	Patient: ☐	Hospital/Dr.: ☐
Digital Pathology Image ☐	Insurance Details (PMI)	Address for Invoice (Patient):	
N.B. PMI rates will apply unless otherwise stated.			
Signature*:			

By signing this request form you are acknowledging that this is an agreement between the signee/client and PURELAB; **taking full responsibility of patient consent** and that the PURELAB Request form and Sample Acceptance Procedure has been correctly adhered to by you the signee/client

THIS IS A CONTROLLED DOCUMENT AND MUST NOT BE COPIED OR DISTRIBUTED WITHOUT AUTHORISATION BY THE QMT