

HISTOLOGY REQUEST

Issued from Pathology Services, The James Cook University Hospital, Middlesbrough Enquiries: 01642 854383
and the Friarage Hospital, Northallerton, Enquiries: 01609 763040

Tick Here – Private Patient	Urgent – Date Required	Referred Under Cancer Target	
BLOCK CAPITALS PLEASE HOSPITAL/GP SURGERY WARD/DEPARTMENT CONSULTANT/GP		OFFICE/LAB USE ONLY LAB NO:	
This report when authorised will be accessible to clinical teams via WebICE. Printed copies will only be generated on special request.			
PATIENT DETAILS NHS NO: HOSPITAL NO: SURNAME: FIRST NAME: ADDRESS: DOB: SEX: M/F.....			
NATURE & SOURCE OF SPECIMEN	DATE/TIME TAKEN	BANDING PATHOLOGIST/ BMS/HCSW	
		BAND A	
		BAND B	
PREVIOUS HIST/CYT REFERENCES		BAND C	
CLINICAL DETAILS		REPORTING PATHOLOGIST (INITIALS)	
		HOE	
		DISSECTOR	
		CUT-UP ASSISTANT	
		HSREQ	
		CPRES (NAKED EYE)	
		EMBEDDOR	
		MODULE NO:	
		QUALITY ASSESSOR	
REQUESTOR'S SIGNATURE		REPORT TYPED & DATE	