

CYTOLOGY REQUEST

Issued from Division of Pathology, The James Cook University Hospital, Middlesbrough Enquiries: 01642 854383

Tick Here – PP	Urgent – Date Required	Referred Under Cancer Target	
BLOCK LETTERS PLEASE HOSPITAL/GP SURGERY WARD/ DEPARTMENTCONSULTANT/GP		OFFICE/LAB USE ONLY LAB NO:	
EXTRA REPORT COPIES TO:			
PATIENT DETAILS NHS NO:HOSPITAL NO: SURNAME: FIRST NAME: ADDRESS: DOB: SEX:			
NATURE & SOURCE OF SPECIMEN	DATE/TIME TAKEN	DATE /TIME RECIEVED	
PREVIOUS HIST/ CYTOLOGY REFERENCES:		PROCESSED BY:	
CLINICAL DETAILS;		HOE:	
		CYTYC PROCESSOR:	
		DATE PROCESSED/ STAINED:	
		HSREQ	
		CPRES (MACRO)	
		CPRES - (PRIMARY SCREENER NO. & SPLI):	
		REPORTING PATHOLOGIST:	
REQUESTOR'S SIGNATURE:		REPORT TYPED & DATE:	