

# NEUROPATHOLOGY 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                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------|--|
|                                                                                                                                                                                                                 |                        |                                              |  |
| <b>BLOCK LETTERS PLEASE</b><br><b>HOSPITAL</b> .....<br><b>WARD/</b><br><b>DEPARTMENT</b> ..... <b>CONSULTANT</b> .....                                                                                         |                        | <b>OFFICE/LAB USE ONLY</b><br><b>LAB NO:</b> |  |
| <b>EXTRA REPORT COPIES TO:</b>                                                                                                                                                                                  |                        |                                              |  |
| <b>PATIENT DETAILS</b><br><br><b>NHS NO:</b> ..... <b>HOSPITAL NO:</b> .....<br><b>SURNAME:</b> ..... <b>FIRST NAME:</b> .....<br><br><b>ADDRESS:</b> .....<br>.....<br><br><b>DOB:</b> ..... <b>SEX:</b> ..... |                        |                                              |  |
|                                                                                                                                                                                                                 |                        |                                              |  |
| <b>NATURE &amp; SOURCE OF SPECIMEN</b>                                                                                                                                                                          | <b>DATE/TIME TAKEN</b> | <b>AUDIT INTERNAL USE ONLY</b>               |  |
|                                                                                                                                                                                                                 |                        | <b>Reporting Pathologist</b>                 |  |
|                                                                                                                                                                                                                 |                        | <b>Band</b>                                  |  |
|                                                                                                                                                                                                                 |                        | <b>Banded by</b>                             |  |
| <b>PREVIOUS HIST/CYT REFERENCES</b>                                                                                                                                                                             |                        | <b>Request entry</b>                         |  |
|                                                                                                                                                                                                                 |                        | <b>Dissector Date:</b>                       |  |
| <b>CLINICAL DETAILS</b>                                                                                                                                                                                         |                        | <b>Dissection assistant</b>                  |  |
|                                                                                                                                                                                                                 |                        | <b>Request Update</b>                        |  |
|                                                                                                                                                                                                                 |                        | <b>A&amp;C Update</b>                        |  |
|                                                                                                                                                                                                                 |                        | <b>Processor</b>                             |  |
|                                                                                                                                                                                                                 |                        | <b>Embedding Station</b>                     |  |
|                                                                                                                                                                                                                 |                        | <b>Embeddor Date:</b>                        |  |
|                                                                                                                                                                                                                 |                        | <b>Block Check</b>                           |  |
| <b>REQUESTOR'S SIGNATURE</b>                                                                                                                                                                                    |                        | <b>Digital QC</b>                            |  |

