HISTOLOGY/CYTOLOGY REQUEST FORM - HEAD & NECK/ORAL & MAXILLOFACIAL

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

Head & Neck Request Form: V1 Date 04/08/2025

Tick Here – Private Patient	Date of Next Appointment/MDT	Referred Under Cancer Target

BLOCK LETTERS PLEASE

HOSPITAL

.....

WARD/DEPARTMENT

.....

RESPONSIBLE CLINICIAN/CODE
(circle as appropriate)

HEAD & NECK ENT	HEAD & NECK OMFS
Miss. S. Healy (HEAS)	Mr. A. Bartram (ABAR)
Mr. S. Lester (LESS)	Col. D. Bryant (BRY)
Mr. R. Srinivasan (SRIR)	Miss. M Little (LITM)
Mr. R. Wight (WIGRG)	Mr.K. Mitsimponas(MITK)
OTHER:	OTHER:

OFFICE/LAB USE ONLY
LAB NO:

PATIENT DETAILS

NHS NO: .....HOSPITAL NO: .....

SURNAME: ..... FIRST NAME: .....

ADDRESS: .....

.....

DOB: ..... SEX: .....

DATE/TIME SPECIMEN TAKEN:

SPECIMEN TYPE: FREEHAND FNA ☐ ULTRASOUND GUIDED FNA ☐ CORE BIOPSY ☐
FREEHAND ☐ RESECTION SPECIMEN ☐ BIOPSY ☐
ULTRASOUND GUIDED CORE BIOPSY ☐ OTHER: .....

SITE(s) of SAMPLES(s):

A: ..... **D: .....**

B: ..... **E: .....**

C: ..... **F: .....**

DATE/TIME SPECIMEN RECEIVED:

CYTOLOGY	HISTOLOGY
HOE:	REPORTING PATHOLOGIST:
PROCESSED BY:	BAND: BANDED BY:
CYTYC PROCESSOR:	REQUEST ENTRY:
NGREQ:	DISSECTOR: DATE:
CPRES (MACRO):	DISSECTION ASSISTANT:
DATE PROCESSED STAINED:	REQUEST UPDATE:
DATE PROCESSED STAINED:	A&C UPDATE:
PRIMARY SCREENER:	PROCESSOR:
REPORTING PATHOLOGIST:	EMBEDDING STATION:
QUALITY ASSESSOR:	EMBEDDING STATION:
REPORT TYPED & DATE:	BLOCK CHECK: DIGITAL QC:

OVERALL CLINICAL/RADIOLOGICAL IMPRESSION:

BENIGN ☐ MALIGNANT ☐ UNCERTAIN ☐

OTHER DETAILS:

Macroscopic size of the lesion: .....

ADDITIONAL DIAGRAMS/NOTES:
Please use reverse of form if necessary

P16 IHC REQUIRED? Yes ☐ No ☐ Oropharyngeal Area? Yes ☐ No ☐

OTHER CLINICAL DETAILS/RELEVANT INFORMATION/PREVIOUS HIST/CYT REF NO:

REQUESTORS NAME: **SIGNATURE:** **GMC NUMBER:**