**UHS Case Referral Form**

|  |  |
| --- | --- |
| **Patient’s name**  |  |
| **DOB (DD/MM/YYYY)**  |  |
| **\*NHS number** |  |
| **Histology number (your reference)** |  |
| **Patient Address** |  |

***\*Except for the Channel Islands Hospitals (Please include address)***

**⚠ Rubber stamping for G.I. and Skin cases is no longer accepted.**

**Enclosed:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of slides** |  | **Number of blocks** |  |
| **To be returned?** |   Yes No | **Copy of clinic letter/ report?** |   Yes No |

**The hospital that wishes to receive the results:**

***\*Include UHS source code if known.***

**Reason For Referral:**

|  |  |
| --- | --- |
| ☐ Primary Reporting (please include blocks) | Category/Consultant Pathologist:  |
| ☐ Second Opinion (please include blocks) | Category/Consultant Pathologist: |
| ☐ Expert Board Case for BCSP Expert Opinion (do \*\*not\*\* include blocks) | Category/Consultant Pathologist:  |
| ☐ Immunohistochemistry (USS/blocks) | PDL1: \_\_\_\_ MMR: \_\_\_\_ Other: *(Please ensure the appropriate solid tissue request form is included.)* |
| ☐ Special Staining |  |
| ☐ MDT Category |  |
| ☐ Expert Lymphoma Panel |  |
| ☐ Returning Our Material |  |
| ☐ Other |  |

**UHS staff use only.**

Received by: ………………………………Date: …………………

Observations: ………………………………………………………………….