

CELLULAR PATHOLOGY REFERRAL FORM

Patient name	
DOB (DD/MM/YYYY)	
*NHS number	
Histology number (your reference)	
Address	

**With the exception of the Channel Islands Hospitals*

Enclosed:

Number of slides		Number of blocks	
To be returned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of clinic letter/ report?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for referral (Please tick appropriate)

- Primary reporting *Specialty / Consultant pathologist.....*
- Second opinion *Specialty / Consultant pathologist.....*
- IHC / ISH *PDL1, MMR, Other.....*
- Special Staining *ORCEIN HAA, Other.....*
- MDT review *Specialty.....*
- Lymphoma panel
- Returning our material
- Other.....

Please do not hesitate to contact UHS Cellular Pathology specimen reception on 023 8120 3768 if you have any queries.

UHS staff use only

Received by:

Date:

Observations: