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## **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?	Yes No	Copy of clinic letter/ report?	Yes No	
Reason for referral (Please tick appropriate)				
Primary reporting Specialty / Consultant pathologist				
Second opinion Specialty / Consultant pathologist				
HC / ISH PDL1, MMR, Other				
Special Staining ORCEIN HAA, Other				
MDT review	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:				

University Hospital Southampton NHS Foundation Trust PATHOLOGY DIRECTORATE Cellular Pathology

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