| WESSEX PATHOLOGY SERVICE Request for HISTOLOGY & DIAGNOSTIC CYTOLOGY  |                 |   | Laboratory Number |               |                    |               |         |  |  |
|---|-----------------|---|-------------------|---------------|--------------------|---------------|---------|--|--|
| Print CLEARLY using CAPITAL letters with a  | ball point pen. | Attac   | h Addressogra     | aph labels to | о ВОТН сор         | ies           |         |  |  |
| NHS Number  |                 | Hosp<br>Code  |                   | Wa            | rd / Surgery<br>le |               |         |  |  |
| Hosp Number Surname   |                 | onsultant<br>i.P.   |                   |               |                    | Code          |         |  |  |
| Forename  | +++             | Copy to:  |                   |               |                    |               |         |  |  |
| DOB / / Sex: M / F  |                 | Name & of Register  | ed GP             |               |                    |               |         |  |  |
| Address   |                 | Date of Next Appointment:                                   |                   |               |                    |               |         |  |  |
| Post Code  Patient Category: NHS PP Cat  Clinical Details  Previous Histology or Cytology: No / Yes (Please give details) |                 |   |                   |               |                    | RI<br>Pr      |         |  |  |
| e e   |                 | For Laboratory use only Date Received Pathologist SHO / SpR |                   |               |                    |               |         |  |  |
| , *   |                 | NTL   | TL<br>S M L       | Tissue        | Pots Blo           |               | Frozer  |  |  |
| Requesting Medical Officer: Print Name  | Signed          |   |                   | Bleep         |                    | Date          |         |  |  |
| Royal Hampshire County Hospital, Winchester Te  | l: 01962 824381 |   | Southamp          | oton Genera   | l Hospital T       | Tel: 023 8079 | 6443    |  |  |
|   |                 |   |                   |               |                    | W0010         | 21 11/0 |  |  |

| WESSEX PATHOLOGY SERVICE Request for HISTOLOGY & DIAGNOSTIC CYTOLOGY                                     |                           |   | Laboratory Number |               |            |              |        |  |  |
|--|---------------------------|---|-------------------|---------------|------------|--------------|--------|--|--|
| Print CLEARLY using CAPITAL letters with a l   | ball point per            | n. Atta   | ch Addressogra    | ph labels to  | ВОТН сорі  | es           |        |  |  |
| NHS Number   |                           | Hosp<br>Code  |                   | Ward<br>Code  | / Surgery  |              |        |  |  |
| Hosp Number  |                           | Consultan   | t                 |               |            | Code         |        |  |  |
| Surname  |                           | G.P.  |                   |               |            |              |        |  |  |
| Forename   |                           | Copy to:  |                   |               |            |              |        |  |  |
| DOB / / Sex: M / F   |                           | Name &<br>of Registe  | red GP            |               |            |              |        |  |  |
| Address  | Date of Next Appointment: |   |                   |               |            |              |        |  |  |
| Patient Category: NHS PP Cat  Clinical Details Previous Histology or Cytology: No / Yes (Please give det |                           |   |                   |               |            |              |        |  |  |
|  |                           |   |                   |               |            |              |        |  |  |
|  |                           | For Laboratory use only Date Received Pathologist SHO / SpR |                   |               |            |              |        |  |  |
|  |                           | NTL   | TL                | Tissue        | Pots Blo   | ocks Stains  | Frozen |  |  |
|  | Signed                    |   | SML               |               |            |              |        |  |  |
| Requesting Medical Officer: Print Name   |                           | Ext / Bleep Date  |                   |               |            |              |        |  |  |
| Royal Hampshire County Hospital, Winchester Tel  | : 01962 82438             | 81  | Southamp          | ton General I | Hospital T | el: 023 8079 | 6443   |  |  |