

Diagnostics Directorate  
**Pathology Request Form**

**For laboratory use only**

TM

CLR

PTS

LAB NUMBER



<b>Requested by:</b> (PRINT and include Forename)	<b>CHI Number (essential):</b>	<b>Date of Birth (essential):</b>	<b>Sex:</b>
<b>Consultant / GP:</b> (PRINT and include Forename)	<b>Surname (essential):</b>	<b>Forename (essential):</b>	
<b>Contact Number or Page Number:</b>	<b>Address:</b>		
<b>Hospital / Site / GP (essential):</b>	<b>Postcode:</b>		
	<i>Use pre-printed label if available</i>		
<b>Ward / Dept (essential):</b>	<b>Date Report Required:</b>	<b>C.T. Lab Use Only</b>	
<b>Destination for Report (if different from above):</b>	<b>Previous Pathology Reports:</b>		
<b>Investigation Required:</b>	<b>Histopathology</b> <input type="checkbox"/>	<b>Cytopathology</b> <input type="checkbox"/>	
<b>FROZEN SECTION REQUIRED:</b> YES <input type="checkbox"/> <b>Contact: 0141 354 9513/4. Direct: 89513/4</b>			
<b>ALL INTRA-OPERATIVE SPECIMENS MUST BE PRE-ARRANGED BY PHONE</b>			
<b>Specimen Collection Date:</b>		<b>Specimen Collection Time:</b>	
<b>Nature of Specimen / Site:</b>			
<b>Clinical Details / Provisional Diagnosis:</b>			
Risk of Infection: No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:			
<b>Laboratory use only</b>			
<b>Date and Time Received:</b> <input type="text"/> / <input type="text"/> / <input type="text"/> : <input type="text"/>			

