# barts_black_large

**BLIZARD INSTITUTE**

**CORE PATHOLOGY**

**PATHOLOGY AND PHARMACY BUILDING**

**80 NEWARK STREET**

**LONDON E1 2ES**

**Report Enquiries: 0203 246 0215**

**Technical Enquiries: 0203 246 0155**

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**HISTOPATHOLOGY / CYTOLOGY REQUEST**

**FOR THE ATTENTION OF:**

(Pathologist’s Name)

If there is a risk of infection please place hazard label here

and indicate nature of risk

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Record Number** | | | **Consultant Name and Address for Report** | | |
| **Family Name**  **(Block Capitals)** | | |
| **Given Names** | | | **Name and Address for Invoice** | | |
| **Patient’s Address** | | |
| **Sex** | | **Age** |
| **Nature of Specimen (Please indicate if any material has been removed from the specimen)** | | | | | **Number of Specimen Pots Sent** |
| **CLINICAL DETAILS AND PROVISIONAL DIAGNOSIS**  (Where appropriate, please give details of Race/Country of Origin /Foreign Travel /Medication /Radiotherapy / Chemotherapy)  (Please give details of LMP and length of cycle in all gynae cases) | | | | | |
| **Date of Biopsy** | **Requesting Clinicians Name and Contact Number**  (Please Print) | | | **Signature** | |

**DOCUMENT HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| VERSION | EVENT | DATE | AUTHOR | AUTHORISED |
| 1 | Issued | 31/10/2018 | Lorraine Singer | Pauline Levey |
| 2 | Reviewed and updated | 01/07/2021 | Laura Neal | Pauline Levey |
| 2.1 | Reviewed and updated | 30/10/2023 | Laura Neal | Pauline Levey |
| 3.0 | Reviewed and updated | 22/10/2024 | Laura Neal | Pauline Levey |