# barts_black_large

**BLIZARD INSTITUTE**

**CORE PATHOLOGY**

**PATHOLOGY AND PHARMACY BUILDING**

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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 |