

 St. John's Institute of Dermatology	ST. JOHN'S BIOPSY REQUEST FOR HISTOLOGY		Pathnet Lab. No.
	Surname:	I.D. No.:	
	Forename:	Hosp/Cons. Room	
	M/F:	Consultant	
Dob:			

Please print all information or use a label. Failure to complete correctly and legibly may result in a delay in processing the request, or the return of the sample.

Biopsy Site

Biopsy Type (Excision/Incision/Curettage/Punch, etc.)

Previous Biopsy YES/NO

Previous Lab. No. (if known)

IMF Investigations YES/NO

IMF Lab. No. (if known)

Clinical Info/Relevant History:

Suggested clinical diagnosis:

Billing info/special instructions:

Date:

Signature:

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Fax 020 7188 6382 – Laboratory Manager: Guy Orchard, Tel. 020 7188 8160