

Case number

REQUESTER DETAILS

Name of Reporting Pathologist	
Hospital Name	
Address for return of block (if appropriate)	
Telephone Number	
Name of Requesting Clinician	
Requesting lab NHS e-mail	

HISTOLOGY AND PATIENT IDENTIFIERS

Patient Surname		Patient First Name	
		Date of Birth	/ /
Histology Number		Gender	M / F
Hospital No.		NHS No.	

SAMPLE DETAILS:

Please enclose EITHER ♦ Representative FFPE block (this will be returned within 2 weeks of receipt)
OR ♦ x3 unstained sections per IHC request on coated slides @ 4micron thickness

SEND BLOCK OR SLIDES WITH THIS FORM AND COPY OF HISTOLOGY REPORT TO:
 Address: Department of Histopathology, King's College Hospital, Denmark Hill, London, SE5 9RS
 Telephone: 020 3299 34620
 Advanced Diagnostics Laboratory e-mail: kch-tr.advanced-diagnostics@nhs.net

REFERRING PATH DEPT	Date/time sample sent	/ /	Signature:
RECEIVING LAB AT KCH	Date/time sample received	/ /	Signature:

Immunohistochemistry test requested:-