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| **SYNNOVIS LIVER HISTOPATHOLOGY SERVICE**  ***Liver Labs, Institute of Liver Studies***3rd Floor Cheyne Wing, King's College Hospital NHS Foundation Trust Denmark Hill, London *SE5 9RS* Tel. +44(0)20 3299 1208 |  |  |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **PATIENT INFORMATION \*** | | | **SPECIMEN INFORMATION \*** | | | | **REFERRER INFORMATION \*** | | | | | **SURNAME** | |  | Referral Lab accession no. | |  | | Name | |  | | | **FORENAME** | |  | Specimen Taken | | Date (dd/mm/yyyy) |  | Hospital / Location | |  | | | **DOB / AGE** | |  | Time (24hr format) |  | **REPORT / RESULTS DESTINATION / COMMUNICATION \*** | | | | | **SEX** | |  | **ADDITIONAL INFORMATION \*** | | | | Tel. | | |  | | **⃝ KING’S** | | **HOSPITAL NO.** | |  |  |  | | --- | --- | --- | | **Case ID**  (for transplant donor assessment only) |  | | | **Donor Hospital**  (for transplant donor assessment only) |  | | | **Biobank Consent / Assent**  (attach completed Biobank Consent / Assent Form) | **⃝** | **Consent** | | **⃝** | **Assent** |   Nature of specimen / Specimen Type: | | | | Email | | |  | | **⃝ EXTERNAL** | | Address  (please include Postcode) | | |  | | **⃝ NHS** | | **NHS No.** | | **⃝ Private** | | | **⃝ Others**  **Please Specify:** | |  | Billing Address & Email  (if not same as above) | | |  | | **Ward / Clinic** | |  | | **REQUEST \*** | | | **CLINICAL INFORMATION \*** | | | | | | | | | ☐ | Urgent Liver Biopsy | |  | | | | | | | | | ☐ | Routine Liver Biopsy | | | ☐ | HPB Surgical Specimen | | | ☐ | Frozen Section \*\* | | | ☐ | Others (Please Specify) | | | **URGENT PROCESSING**  A same day urgent biopsy processing and interpretation service is available for limited numbers of specimens (generally biopsy material). It must be approved for any particular specimen by both a Consultant who clinically attends the patient and a Consultant Histopathologist. An approved specimen must reach the laboratory by 13:00 to qualify for “Urgent Processing”.  **\*\* FROZEN SECTIONS**  To discuss specimen requirements and to ensure availability of staff, requests should be arranged in advance by contacting the Liver Histopathology Service +44 (0)20 3299 2237 for hepato-biliary-pancreatic surgical specimens and for transplant donor assessment by contacting the duty Transplant Co-ordinator (Air call). For assessment of donor organs, this service is available outside normal working hours through the Transplant Co-ordinator. | | | | | | | | | **For Histopathology laboratory use:**  Accession # | | | | Received by:  Date & Time: | | | | Previous Accession #s.: | | | | **\* SPECIMEN WILL NOT BE ACCEPTED UNLESS CORRECTLY LABELLED, PACKED & ACCOMPANIED BY A FULLY COMPLETED REQUEST FORM SENT TO OUR ADDRESS ABOVE**  **For further information**: **Tel**. +44 (0)20 3299 1208 | **email: kch-tr.LiverHistology@nhs.net** | | | | | | | | | | | | | |

LP-HIS-FM-78-REQUEST FORM v 5.2 (Oct 2022)