SEL Pathology Offline GP Request Form

**LAB USE ONLY: LAB NO:**

**Histopathology/Cytopathology**

**Use only if online request is not possible**

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| --- | --- | --- | --- | --- |
| **Patient Details** | | | | |
| **Surname:** | | | **First name:** | |
| **Date of Birth:** | **NHS No:** | | | **Sex:** |
| **Previous hospital No (if relevant): Specify hospital:** | | | | |
| **Landline:** | | **Mobile:** | | |
| **Requestor Details** | | | | |
| **Practice/Organisation name:** | | | | |
| **Address:** | | | | |
| **Telephone:** | | **Email:** | | |
| **Mandatory Practice/Organisation ODS Code:** | | | | |
| **Requesting clinician:** | | | | |
| **Professional Registration number e.g. GMC/NMC number of requestor:** | | | | |
| **Enter free text as required below** | | | | |

|  |  |  |
| --- | --- | --- |
| **Type & Site(s) of specimen (s):**  1…………………………………………………………………  2…………………………………….......................................  3………………………………………………………………… | **e.g. Excision/Incision/Curetting/Punch, etc.**  4…………………………………………………………………  5………………………………………………………………...  6………………………………………………………………. | |
| **Relevant clinical information - (*This section must be completed*)** Urgent (Y/N)………….. | | |
| Previous histo/cyto reports:……………………………………………………………………..  Relevant drugs:……………………………………………………. Pregnant (Y/N)……..... Immunocompromised (Y/N):…….....  Blood indices:……………………………………………………… Ethnicity: LMP:………………………………………………………………..  Has part of the sample already been sent for?: Y/N…………….Where?:……………………………………… | | |
| Date specimen taken:  Time specimen taken: Signature: | | Collection date:  Collection time: Signature: |