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** |

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| **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: |