

NORTH BRISTOL NHS TRUST CELLULAR PATHOLOGY

NHS No. / Hospital No. including Hospital prefix

Surname **Please place approved Addressograph in this area**

Forename

D.O.B.

Sex (M/F)

Patient Type

D D M M Y Y Y Y

NHS

Private

Patients Address inc. Post Code

Consultant / GP Code

Location Code

Clinical Details (including Therapy and surgical procedure)



Inoculation Risk? YES

NO

Requestor's Name & Signature

Bleep No.

Southmead Hospital (Cytology) Tel. 0117 414 9889
Southmead Hospital (Histology) Tel. 0117 414 9890

Laboratory Number

Sample Collection Date and Time

D D M M Y Y H H M M

Specimen Type and Site

URGENT

YES

NO

For Laboratory Use

Cut up by	
Reporting Path	
Cut-up Assist	
No. of Pieces	
No. of Cassettes	
Extra Fix	
Decal	
Biopsy Basket	
EM	
Photo	