

# Histopathology/Cytology Request Form

The Leeds Teaching Hospitals NHS Trust

LAB. NUMBER / BARCODE

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Tel: 0113 20 67898 Email: leedsth-tr.histopathspecimenreception@nhs.net

**Tissue not processed until the following information is completed.**

**ADDRESSOGRAPH / CAPITALS**

Surname: ..... Address: ..... NHS No. \_\_\_ / \_\_\_ / \_\_\_  
 First Name: ..... Hospital No. ....  
 D.O.B. \_\_\_ / \_\_\_ / \_\_\_  
 Sex M / F Postcode: .....

**COMPLETE ALL SECTIONS**

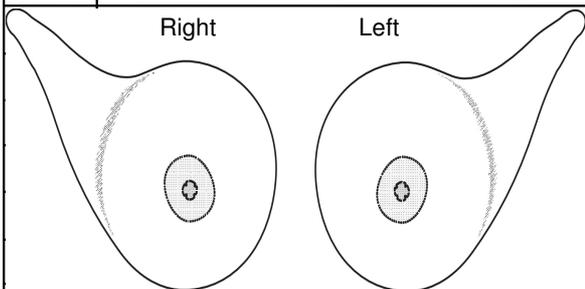
Specimen taken by & contact no: .....  
 Date / Time specimen taken: .....  
 Location / Ward / Practice: .....  
 Referring Clinician: .....

Routine (default)	<input type="checkbox"/>
Urgent	<input type="checkbox"/>
Cancer (CWT) Biopsy	<input type="checkbox"/>
Cancer Resection	<input type="checkbox"/>
Cancer Diagnostic Excision	<input type="checkbox"/>

(ie. diagnostic specimen also classed as treatment)

**SPECIMEN DETAILS: (give each specimen container a letter)**

Part	Site / Nature of Specimen	Specimen Part Type	AE / RP P B	Date/Time received (plus initials):
A				Reporting Pathologist
B				
C				
D				



SITE	MODE	TYPE
UOQ	Clinical	Core Bx
LOQ	Ultrasound	FNAC
UIQ	Stereotactic	Punch Bx
LIQ	MRI	Smear
RA		VABx diagnostic ..... G
Axilla		VABx excision ..... G

Tick for **upfront Molecular Markers**   
 (P4/P5 or R4/R5 only)

Trim Date: \_\_\_\_\_  
 Trimmed by: \_\_\_\_\_  
 Lab. QC: \_\_\_\_\_

**OPINIONS:** Clinical P1 P2 P3 P4 P5 No. cores .....  
 Radiology R1 R2 R3 R4 R5 No. cores with calcification .....

**CLINICAL DETAILS:**