

Histopathology Surgical Request Form

The Leeds Teaching Hospitals
NHS Trust



LAB. NUMBER / BARCODE

Department of Cellular Pathology, Level 5 Bexley Wing, St. James's University Hospital, Beckett Street, Leeds, LS9 7TF,
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

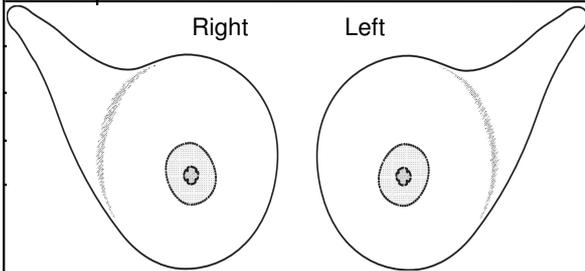
Specimen taken by & contact no:
 Date / Time specimen taken:
 Location / Ward / Practice:
 Referring Clinician:

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					
B					
C					Reporting Pathologist
D					Trim Date:
E					
F					



BREAST SPECIMEN(S)

- WLE
- Cavities
- Mastectomy for cancer
- Prophylactic mastectomy
- Diagnostic Exc / Duct Exc
- Reduction / Gynaecomastia
- Capsulectomy

AXILLA SPECIMEN(S)

- SLNB
- Palpable lymph node
- Axillary node sample
- Axillary node clearance
- Apical node

Trimmed by: _____
 Lab. QC: _____

CLINICAL DETAILS:

NACT: Yes No

Trial: Yes No

Name of trial: