



Histopathology/Cytology Request Form



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 Post Code:

COMPLETE ALL SECTIONS:

Specimen taken by:
 Contact Number:
 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				
E				Trim Date:
F				
G				Trimmed by:
H				
I				Lab QC:
J				

CLINICAL DETAILS:

.....

PREVIOUS HISTOLOGY / CYTOLOGY Y / N

	Author: Rebecca Millican-Slater, Consultant Histopathologist	Approved by: Sarah Caton, Service Manager		
	MID Ref: 20241017_005RC	Publication Date: November 2024	Review Date: November 2027	Version: 2

LTH0220

Adapted from HPQAForm 234.01 June 2011

