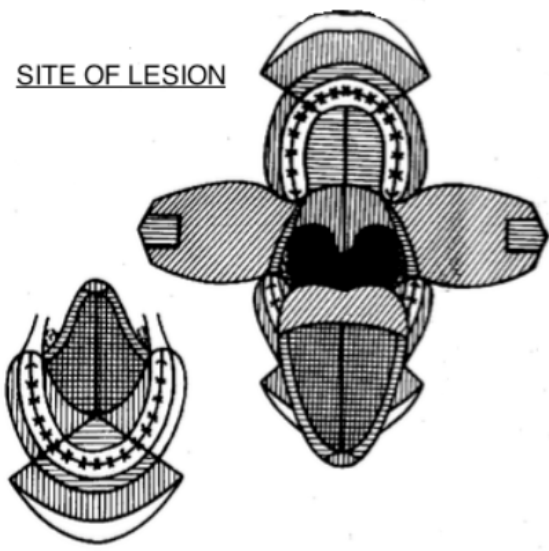


**HISTOPATHOLOGY/ CYTOLOGY REQUEST**

<b>Title</b>	<b>Urgent</b> Yes / no	<b>Risk of infection</b> Yes/ No If yes please specify:	
<b>Patient Name</b>		<b>Address for Report</b>	
<b>Patient Surname</b>			
<b>Sex</b>	<b>Date of Birth</b>	<b>Address for invoice</b>	
<b>Record Number</b>			
<b>Specimen(s) sent</b>			<b>Number of pots sent</b>
<b>Clinical Details &amp; Provisional Diagnosis</b>			
<p><u>SITE OF LESION</u></p> 			
<b>Date of Biopsy</b>	<b>Requesting Clinician</b>	<b>Signature</b>	