Pathognomics
Unit 11 Halcyon court
Huntingdon
Cambridgeshire
PE29 6DG
enquries@pathognomics.com
Tel: 01480 453 437

HISTOPATHOLOGY/ CYTOLOGY REQUEST

<table>
<tr><td>Title</td><td colspan="2">Urgent
Yes / no</td><td colspan="2">Risk of infection
Yes/ No
If yes please specify:</td></tr>
<tr><td colspan="2">Patient Name</td><td colspan="3" rowspan="2">Address for Report</td></tr>
<tr><td colspan="2">Patient Surname</td></tr>
<tr><td>Sex</td><td>Date of Birth</td><td colspan="3" rowspan="2">Address for invoice</td></tr>
<tr><td colspan="2">Record Number</td></tr>
<tr><td colspan="3">Specimen(s) sent</td><td colspan="2">Number of pots sent</td></tr>
<tr><td colspan="5">Clinical Details & Provisional Diagnosis</td></tr>
<tr><td colspan="2">Date of Biopsy</td><td>Requesting Clinician</td><td colspan="2">Signature</td></tr>
</table>