

CYTOPATHOLOGY DEPARTMENT
ROYAL DEVON & EXETER NHS FOUNDATION TRUST



LAB NUMBER ONLY

Cytopathology Department ☎ 402991

CYTOPATHOLOGY REQUEST

PLEASE PRINT CLEARLY OR USE LABEL										Date and time received																	
NHS No. (or hosp no)										Specimen Type(s)																	
Surname																											
Forename																											
DoB										<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>										D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																				
Sex										<table border="1"> <tr> <td>M</td><td>F</td><td>Private</td><td>NHS</td> </tr> </table>										M	F	Private	NHS				
M	F	Private	NHS																								
Patient type										Clinical summary																	
<table border="1"> <tr> <td>Inpatient</td><td>Outpatient</td><td>Day Case</td> </tr> </table>										Inpatient	Outpatient	Day Case															
Inpatient	Outpatient	Day Case																									
CONSULTANT / GP																											
WARD / DEPARTMENT																											
GP SOURCE CODE																											
COPY OF REPORT TO																											
REQUESTED BY (BLOCK CAPITALS)																											
SIGNATURE																											
DATE TAKEN										<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>										D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																				
CONTACT / BLEEP NO.																											

WZK2580 07/17