## ISTOPATHOLOGY REQUES

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## HISTOPATHOLOGY DEPARTMENT

**ROYAL DEVON & EXETER NHS FOUNDATION TRUST** 

Report Enquiries
Technical Enquiries

402942402930



## LAB NUMBER ONLY

PLEASE COMPLETE ALL FIELDS											Date and time received.
NHS No. (or hosp no)											List of specimens
Surname									A) B)		
Forename	i,										C)
DoB	D	D	М	M	Y		Y	¥	8	Y:	D)
Sex	M F			Private			NHS				E)
Inpatient	Outpatient			Day Case				Waiting List Initiative			Clinical summary / Past medical history / Drug history
CONSULTANT / GP											
WARD / DEPARTMENT GP SOURCE CODE											
COPY OF REPORT TO											
REQUESTED BY (BLOCK CAPITALS)											
SIGNATURE											
DATE TAKEN			E	D	M.	M	Y	Y	Y	Ÿ	
CONTACT / BLEEP NO.											WZK940 06/17