EXAMPLE OF A COMPLETED HISTOLOGY REQUEST FORM

NHS or MRN No, Surname, First name(s) and date of birth constitute the 4 key identifiers **see Note 1**



**See note 5**

**See note 6**

Used by the lab to confirm patient identity.

Used by the lab for triage and billing.

**See note 7**

**See Note 2**

**See Note 3**

**See Note 4**

**See note 7**

**See note 8**

This must be completed by the practitioner who performed the procedure. Please ensure the full name and signature, are included.

**See note 9**

**Note 1:** Pre-printed patient ID labels are acceptable if they include the four key identifiers. **Please do not use calling or preferred names as these cannot be accepted.** Male/female information is important, particularly where the gender is not identifiable by name, as some, diseases, follow different courses in male and females, affecting prognosis. If a request form arrives **without** the required four key identifiers or with incorrect information and/or the specimen pot does not match the information on the request form, this will need to be rejected by the lab. This causes delays.

**Note 2:**The name of the Consultant in charge of the patient.

**Note 3:** State where the specimen was taken including the Hospital and ward/department, for example; Gloucester Royal Hospital, Endoscopy Unit).

**Note 4:** This box should indicate where the final clinical report should be sent to. If additional copies are required (i.e. – to a different practitioner or GP) then it is important to include this information here, for example; Dr T Smith’s secretary Endoscopy, at Cheltenham General Hospital.

**Note 5:** Specimen collection dates and times are an important part of the specimen record, and affect the order of tests displayed in the computer system along with turnaround time calculations.

**Note 6:** Please state the specimen type, tissue type and site (i.e. Excision, skin, left forearm). Multiple specimens **should be clearly labelled** and differentiated both on the specimen containers and the request form.

**Note 7.** Clinical details are vital. If the sample **is high risk**, e.g. possibility of TB, HIV or Hepatitis this should be clearly displayed here. In addition, previous medical history is useful to clarify the pathway through the laboratory. **Specimens from patients with CJD cannot be accepted.**

**Note 8.** Please indicate whether there is a possible cancer risk or if the patient is following a ‘two week wait’ initiative. This allows the laboratory to triage appropriately. Also please tick if there is a scheduled MDT meeting for this patient.You can add a date in the Relevant Clinical Details box.

**Note 9.** If the patient has a follow up appointment already set, then please indicate here as this supports the appropriate triage within the laboratory.