**NuTH Renal EM Referrals**

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| **PATIENT DETAILS** | **REFERRER DETAILS** |
| **Surname:** Click here to enter text. | **Consultant:** Click here to enter text. |
| **Forename(s):** Click here to enter text. | **Hospital:** Click here to enter text. |
| **D.O.B:** Click here to enter text. | **Phone:** Click here to enter text. |
| **Hospital No.** Click here to enter text. | **NHS.NET email:** Click here to enter text. |
| **NHS No:** Click here to enter text. |
| **Patient Address:** Click here to enter text. |
| **Copy of results to:** Click here to enter text. |
| **Postcode:** Click here to enter text. |

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| **Local specimen number** | Click here to enter text. | |
| **Specimen type** (tick all that apply) | Renal - native | Renal - Transplant requiring PTC screen |
| **Clinical details** | Click here to enter text. | |
| Please ensure that all available clinical details including the **histopathology report** are provided.  Failure to provide correct sample and required patient and clinical information may result in a delay to the request. | | |

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| **EM SERVICES** | | |
| **Sample type** | Wet tissue | FFPE block (with stained slide representative of tissue block) |
| Full EM work-up. *Processing, ultra-sectioning, imaging and storage of tissue.*  Full EM work-up + reporting. *As above plus pathologist report.*  EM work-up + reporting (samples previously processed & stored at NuTH). *As above plus pathologist report.*  Process and storage only. | | |

**Please send samples to:** Cellular Pathology, New Victoria Wing – Level 3, Royal Victoria Infirmary,

Queen Victoria Road, Newcastle upon Tyne, NE1 4LP

**Contact for enquires:** Tel: **0191 2824630**

Email: [nuth.emcellularpathology@nhs.net](mailto:nuth.emcellularpathology@nhs.net)