

Please fully complete the request form as all the details are used to either identify the patient or for the clinical diagnostic process.

Completing the source of the specimen is essential for tracking

The tissue type, site and procedure is required to allow correct interpretation of the histological appearances, and may be needed to permit the assessment of excision margins

Previous histology may be significant

Drugs may alter the histological appearances of diseases, as well as causes diseases themselves. Please PRINT drug names

It is extremely helpful to know when the report is required, e.g. for clinic or MDT

Surprisingly, often we are not told who sent the request - nor whom to send the report to!

Histopathology Request Form		The Newcastle upon Tyne Hospitals NHS Foundation Trust	Lab. No.:
Specimen sent from: <input type="checkbox"/> RVI <input type="checkbox"/> NHS <input type="checkbox"/> NGH <input type="checkbox"/> PRIVATE <input type="checkbox"/> FRH <input type="checkbox"/> Dental Hospital <input type="checkbox"/> Other: _____		Patient No.: _____ NHS No.: _____ Surname: _____ Forename: _____ Sex (M/F): _____ DOB: _____ Address: _____ Postcode: _____	
Ward/Clinic/Theatre: _____			
SPECIMEN DETAILS <small>(Please indicate tissue type, site and procedure, e.g. Skin, left arm, punch biopsy)</small>			
1. Tissue	Site	Procedure	
2.			
3.			
4.		Continue overleaf	
CLINICAL DETAILS <small>(Including previous diagnosis, description and relevant clinical history)</small>			
Risk of Infection?		<input type="checkbox"/> No <input type="checkbox"/> Yes <small>(Please attach appropriate sticker)</small>	
Previous histology/cytology?		<input type="checkbox"/> No <input type="checkbox"/> Yes: Specimen no.: _____	
Drugs <small>(if relevant)</small> :		LMP <small>(if relevant)</small> : DDMM	
<div style="border: 1px solid red; padding: 5px; background-color: #ffe6e6;"> Tick CWT only if: <ul style="list-style-type: none"> • There is a reasonable <u>clinical suspicion of malignancy</u> • The suspicious lesion has <u>not</u> been excised • There is <u>no</u> previous diagnosis of the current lesion </div>			
Cancer Waiting Time Specimen? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Report required: <input type="checkbox"/> Today <small>(even if out of hours)</small> <input type="checkbox"/> Within 24h <input type="checkbox"/> by DDMMYY or X hrs			
If a report is required within 48 hours, it is essential that a pathologist is contacted: Tel. 24445 or Switchboard			
Report to: Consultant: _____		Ward/Clinic: _____ Contact No. <small>(if urgent)</small> : _____	
Form completed by: _____		Date: DDMMYY Time of biopsy: _____	
Received: DD MM YYYY Assigned to: Typed by: Blocks cut: Issued:		Laboratory use only	

Completing **ALL** of the demographics, including the NHS number and full patient address (including postcode), is imperative to ensure unique identification

LMP is required for gynaecology specimens

CLINICAL DETAILS are **ESSENTIAL** to allow accurate diagnosis

Requests for reports required urgently **must** be phoned through, or they may not be ready in time. A contact number for an urgent report is **ESSENTIAL**.

We measure our performance from DATE and TIME of biopsy, and use this to estimate how well fixed a specimen is.