# Cellular Pathology Referred Cases Form

Hospital of Origin:  Referring Clinician/Pathologist:

Contact details of Referrer (incl. e-mail):

Send extra copies of report to:

Category:

Request sent (date):  Report required by (date):

Cancer Waiting Time Specimen?

This patient consents to storage of the sample(s), including any surplus cells or tissue after diagnosis, or use in medical research:

## Patient Details

Surname: Forename: Sex:

Date of birth: Referring Hospital (PAS/MRN) number:

NHS number:

Address:

## Specimen Details

Tissue Details (type, site):

Referring hospital reference number:

Date of biopsy:

Number of stained slides sent:

Number of unstained slides sent:

Number of blocks sent:

Wet tissue sent:

## Clinical Details

Reason for referral:  *Further info (optional)*

Assign case to: *Specify Team/Consultant*

Original report sent?

Further comments

## RVI use only

Received (date): Assigned to:

Number of stained slides: sent: received:

Number of unstained slides: sent:  received:

Number of blocks: sent: received:

Typed by: Blocks cut: Issued: